KNOWLEDGE OF MOTHERS REGARDING CHILD ABUSE IN THE SELECTED RURAL AND URBAN AREAS IN SIVAGANGAI DISTRICT, TAMILNADU

A DISSERTATION SUBMITTED TO THE TAMILNADU Dr. M.G.R MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

MARCH – 2010

TO ASSESS THE KNOWLEDGE OF MOTHERS REGARDING CHILD ABUSE IN THE SELECTED RURAL AND URBAN AREAS IN SIVAGANGAI DISTRICT, TAMILNADU

Mrs. R. MEERA

A DISSERTATION SUBMITTED TO THE TAMILNADU Dr. M.G.R MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

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A STUDY TO ASSESS THE KNOWLEDGE OF MOTHERS REGARDING CHILD ABUSE IN THE SELECTED RURAL AND URBAN AREAS IN SIVAGANGAI DISTRICT, TAMILNADU

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CHAPTER – I

INTRODUCTION

"Trapped by her fate, In a six feet cage, A victim of pain,
Shunned by society, Yet used by it, They call her a prostitute,
But that's not her name"

Child is a human between the stages of birth and puberty. The legal definition of "child" generally refers to a minor, otherwise known as a person younger than the age of majority. "Child" may also describe a relationship with a parent or authority figure, or signify group membership in a clan, tribe, or religion; it can also signify being strongly affected by a specific time, place, or circumstance, as in "a child of nature" or "a child of the sixties".

Abuse most commonly refers to the use or treatment of something or someone (a person, item, substance, concept and idea) that is harmful, or the lack of proper care of these.

Child abuse is the physical or psychological/emotional mistreatment of children. In the United States, the Centers for Disease Control and Prevention (CDC) define child maltreatment as any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child. Most child abuse occurs in a child's home, with a smaller amount occurring in the organizations, schools or communities the child interacts with. There are four major categories of child abuse: neglect, physical abuse, psychological/emotional abuse, and sexual abuse.

Emotional Abuse (also known as : verbal abuse, mental abuse, and psychological maltreatment) includes acts or the failures to act by parents or caretakers that have caused or could cause, serious behavioural, cognitive, emotional, or mental disorders. This can include parents, caretakers using extreme and bizarre forms of punishment, such as confinement in a closet or dark room or being tied to a chair for long periods of time or threatening or terrorising a child. Less severe acts, but no less damaging are belittling or rejecting treatment, using derogatory terms to describe the child, habitual scapegoat or blaming.

Physical Abuse is inflicting of physical injury upon a child. This may include, burning, hitting, punching, shaking, kicking, beating, or otherwise harming a child. The parent or caretaker may not have intended to hurt the child, the injury is not a n accident. It may, however, have been the result of over discipline or physical punishment that is inappropriate to the child's age.

Sexual Abuse is the inappropriate sexual behaviour with a child. It includes fondling a child's genitals, making the child fondle the adult's genitals, intercourse, incest, rape, sodomy, exhibitionism and sexual exploitation. To be considered child abuse, these acts have to be committed by a person responsible for the care of a child (for example a baby sitter, a parent, or a daycare provide r) or related to the child. If a stranger commits these acts, it would be considered sexual assault and handled solely to the police and criminal courts.

Child Abuse and Neglect (CAN) is significant problem in world wise. The magnitude of the problem is enormous. However, the problem is more serious in poor countries, chiefly because of socioeconomic reasons and illiteracy. Yet there is no adequate and possible means of

prevention. In 1962 the American Academy of pediatrics used this to focus the attention of physicians on unexplained fractures and other manifestations of severe physical abuse of children. Since then the definition of child abuse and neglect has been broadened to include any problem resulting from lack reasonable care and protection of child adolescents by their parents, guardians or caretakers.

A comprehensive definition of abuse and neglect was given by the United States congress when it declared that the term abuse and neglect includes the physical and mental injuries, sexual abuse and exploitation, negligent treatment or maltreatment of child under the age of eighteen or the age specified by the child protection law of the state in question, by a person (including any employee of residential facility or any staff person providing out of home care) who is responsible for the child health or welfare is harmed or threatened there by as determined in accordance with regulations prescribed by the secretary. Other terms suggested are Silverman's syndrome, Parental syndrome and Parental dysfunction, etc. A new term Non Accidental Injury (NAI) and child maltreatment intentional or otherwise is now well recognized.

Child abuse and neglect involves about one to two parent of children in the United States. The prevalence of abuse is approximately 700 new cases per 1,000,000 Population. In the developed countries of the west incidence of battered child ranged from 250 to 300 cases reported per one million Population. In India the first case of battered baby syndrome was described in 1967 and subsequently sporadic cause have been described in Indian Literature Moreover there is a lack of general awareness of CAN in its wider perspective for all practical assault

reported from Indian the last 15 Years concept and scientific studies by Indian workers of the Various aspects of CAN.

Girls and boys all ages, ethnic groups, and socioeconomic levels experience alarmingly high rates of child abuse and neglect, which are associated with a wide range of emotional problems and psychiatric symptoms. Children who are beaten or burned, repeatedly sexually assaulted, or deprived of food, clothing and shelter may perish or may survive to struggle with the consequences. In most cases of president incest, sexually abused children are threatened with further abuse or abandonment of the disclose the family secrets; such treatment leaves then in the irreconcilable position of silently enduring continued abuse or risking the total of their families.

Children who have been physically or sexually abused exhibit many psychiatric disturbances, including anxiety, aggressive behavior, paranoid ideation, posttraumatic stress disorder, depressive disorder, and an increased risk of psychiatric disturbance in already vulnerable children, and abused of psychopathology are more likely to experience a mental disorder than no abused children of psychiatrically disturbed parents. Children who have been sexually abused reportedly have an increased frequently of poor self-esteem, depression dissociative disorders, and substance abuse. Chronic maltreatment appears to promote aggressive and violent behavior in vulnerable children.

In the United States, child abuse and neglect caused an estimated 1,100 deaths. An estimated one of every three to four girls and one of every seven to eight boys will be sexually assaulted by the age of 18 years. The actual occurrence rates are likely to be higher than these

estimates, because many maltreated children go unrecognized, and many are reluctant to report the abuse.

Victims of childhood abuse, it is claimed, also suffer from different types of physical health problems later in life. Some reportedly suffer from some type of chronic head, abdominal pelvic or muscular pain with no identifiable reason. Even though the majority of childhood abuse victims know or believe that their abuse is, or can be, the cause of different health problems in their adult life, for the great majority their abuse was not directly associated with those problems, indicating that sufferers were most likely diagnosed with other possible causes for their health problems, instead of their childhood abuse.

The effect of child abuse vary, depending on its type. A national association of social welfare found that childhood emotional and sexual abuse were strongly related to adult depressive symptoms, while exposure verbal abuse and witnessing of domestic violence had a moderately strong association, and physical abuse a moderate one.

According to WHO report that an average of 44,476 children reportedly go missing in India every year, out of which 11,008 children continue to remain untraced annually. Most of these children end up in brothels or being abused by tourists. India has, by conservative estimates, 3,00,000 to 5,00,000 prostitutes, being a major destination for trafficked children from within India and neighboring countries.

One of the disturbing aspects of abuse is the experiential restraint it puts on children. If a child fears doing anything new because of the chance that it will lead to a violent attack or because an abusive parent keeps extremely tight control over children, the child will lose his or her

sense or curiosity and wonder at the world and will stop trying new things and exercising his or her mind. That will never achieve his or her intellectual potential.

In India there is no special law to deal with the incidence of abuse of a child or any kind of offence committed against the vulnerable child. In fact, it is barely recognized except scattered in various legal provisions of the land. There are a few sections in the Indian Penal Code that can be used in cases of abuse and crimes committed against the child. Unless a crime as heinous as rape has taken place, the offence is not even considered to be very serious and traumatic to the child. To prevent children from abuse and offences against them the general penal code and various other protective and preventive 'special and local laws' are available, includes:

- Immoral Traffic (Prevention) Act, 1986 (where minors are abused for in prostitution)
- Child Labour (Prohibition and Regulation) Act, 1986.
- Juvenile Justice (Care and Protection of Children) Act, (Amended, 2006).
- Goa Children's Act, 2003
- Offences Against Children's Bill, 2006.
- National Commission for Rights of the Child.

NEED FOR THE STUDY

The issue of child abuse assumes extraordinary significance due to the rising number of child abuse cases reported and unreported in the country despite the existence of a plethora of national and international legal as well as policy commitments and conventions. The forms and dynamics of child abuse have undergone major changes in the new millennium, adding multifaceted dimensions, complexities and challenges. The problem of child abuse and the web of its human rights violation embrace some of the most critical aspects on the international human rights agenda. These complexities include changing attitudes, social orientations, contexts and regional dimensions of the problem; besides conceptual differences of approaches and perspectives at the national and international level. Inter related, familial, social , psychological and economics factors, and processes create a complex nexus between exploitation, neglect and abuse as part of the larger perspective of violation of child rights.

The most recent estimate by UN reported that out of 115 million mission children, most of them were vulnerable girls. According to the Global Report on Child Abuse and Neglect (UNESCO, 1998), the vulnerability of children from infancy throughout their childhood years of dependency on adults for safety and ongoing nurturing, puts them at the risk of neglect and maltreatment in many forms.

While certain child abuse and neglect issues are common in almost all countries, such as, child physical abuse, sexual abuse, emotional and psychological abuse, abandonment and increasingly, problems of street children there are also many issues which are prevalent mainly in certain regions of the world. For instance, issues of child labour and child sexual

exploitation are especially high in South Asia where there is high population density, server economic problem, inadequate education and a culture of strict discipline of children.

According to the World Health Organization (WHO), one in every four girls and one in every seven boys in the world are sexually abused. More than 4,00,000 children in India are reported to be victims of commercial sexual exploitation.

According to the report guided by National Crime Records Bureau, Ministry of Home Affairs, Government of India in 2005, shows that cases of infanticide have increased by 105, incidence of kidnap and abduction of children were around 700, child rape around 4026, abetment of suicide about 43 in India.

According to the (American) **National Committee to Prevent Child Abuse (1997)** state that neglect represented 54% of confirmed cases of child abuse, physical abuse 22% sexual abuse 8%, emotional maltreatment 4% and other forms of maltreatment 12%. The United States Department of Health and Human Services reports that for each year between 2000 and 2005 “female parents acting alone” were most likely to be perpetrators of child abuse.

American Psychiatric Association state that approximately 15% to 25% of women and 5% to 15% of men were sexually abused when they were children. Most sexual abuse offenders are acquainted with their victims; approximately 30% are relatives of the child, most often brothers, fathers, uncles or cousins; around 60% are other acquaintances such as friends of the family, babysitters, or neighbors; strangers are the offenders in approximately 10% of child sexual abuse cases. Most child

sexual abuse is committed by men; studies show that women commit 14% to 40% of offenses reported against boys and 6% of offenses reported against girls.

Children in all societies in the process of their normal upbringing are often neglected, maltreated, abused, intention otherwise by their parents. Approximately one percent of children is reported to be abused or neglected each year". "A survey conducted by the **National Center for The Child Abuse and Neglects (1996)** in the United States had recorded 1.9 million of child abuse cases". The most common form of Child maltreatment is neglect. Physical abuse, sexual abuse and emotional abuse constitute, approximately 25%, 13% and 5% of confirmed maltreatment cases, respectively.

In India the awareness towards child abuse has been realized only for the last 15 to 20 years. India has the world's largest number of illiterates and child labors. A compartmentalized society with different norms for different groups, it is difficult to identify the real mature about awareness of mothers regarding child abuse because of poverty and illiteracy, parent are forced to send their children for an employment where the maximum number of child abuse cases are reported.

The children of higher socio economic status are also victims of parental neglect and apathy parents often forget to give attention to the child as they are pre occupied with their own lives. The report of **Central Advisory Board on India** revealed a shocking fact that at least 15% of all the sex workers in the country are under the age group of 15 and approximately 25% are between the ages of 16 to 18.

Child sexual abuse is a problem in our society affecting 33% of women and 20% of men before they reach the age of 18. History has shown that sexual abuse has always been present, but that we as a society have chosen to ignore it. Researcher while working in the community and the hospital observed increased number of cases of child abuse. Among the observed cases there were students their parents specially mother were not aware of the problem of Childs abuse. Because of fear of social stigmas parents were reluctant to report the cases to the authorities concerned with health care or legal protection. So the researcher felt a need to study awareness about child abuse mother of both urban and rural areas.

A study regarding child abuse in India has found that more than half the children questioned said they had been sexually abused. Researchers spoke to more than twelve thousand children. Two-thirds said they'd experienced physical abuse. India's Minister for Child Development, Renuka Chowdury, called the findings, disturbing and said it was time to end the conspiracy of silence surrounding child abuse**.** **BBC News (2007)**.

A study on “Child abuse in India”. This study reveals the extent and magnitude of child abuse and neglect in India. It covers nearly 12,500 children and 4800 young adults in 13 States. The report analyses three different forms of child abuse, sexual abuse and emotional abuse and girl child neglect in families, schools, work places, on the street and institutions. The study complements the UN Secretary General’s Study on Violence against Children, 2006. It aims at developing a comprehensive understanding of child abuse, which will help formulate appropriate

policies and programmes meant to effectively and child abuse in India. **Kemp AM, et.al., (2006)**

A study conducted in Delhi on child abuse, showed an increasing incidence of child sexual abuse from 110 cases in 1991 to 210 cases in 1995. Study finding revealed that the children in the rural communities are more likely to be abused for neglected than children in urban cities. **Aggarwal et al., (1998)**

"The Hindu" reported that the national commissioner for women is Tamilnadu says that a large percent age of the victims of incest suffer from denial and shame finally they end up as child prostitutes it also reported that officials at the directorate of social defense nodal agency for child line in Chennai said the city also recorder the highest member of abuse cases in both physical and sexual. **Germmarie Venkataramni., (2005)**

Due to increased prevalence, lack of awareness and lack of research study on knowledge of child abuse among mothers in India. So the researcher select this study to create awareness and preventive aspects of child abuse in India. In many cases, child abuse leads to serious emotional disturbances during adulthood. One of the disturbing aspects of abuse is the experiential restraint on puts children. If a child fears doing anything new because of the chance that it will lead to a violent attack or because an abusive parent keeps extremely tight control over children, the child will lose his or her sense of curiosity and wonder at the world and will stop trying new things and exercising his or her mind. That child will never achieve his or her intellectual potential The study was undertaken few attempt have been made to assess knowledge of urban and rural mothers regarding child abuse.

The Mothers are playing a vital role in taking care of the children, to provided love and support constantly through their life. As a primary care giver they can easily indentify the symptoms of child abuse. So the researcher selected this study to create the awareness among mother and teach them about preventive aspect of child abuse. The study was undertaken few attempt have been made to assess knowledge Urban and rural mother regarding child abuses.

PROBLEM STATEMENT

"A study to assess the Knowledge of mothers regarding child abuse in selected rural and urban areas at Sivagangai District, Tamilnadu.

OBJECTIVES

- To assess the existing level of knowledge regarding child abuse among urban mothers.
- To assess the existing level of knowledge regarding child abuse among rural mothers.
- To find out the difference between urban and rural mothers knowledge regarding child abuse.
- To find out the association between the knowledge of urban mothers regarding child abuse and their demographic variables such as age of mothers, sex of the child, family income, education, family status, occupation, religion, type of family, knowledge gain through media, number of children's in the family, birth order of the children and place of living.

- To find out the association between the knowledge of rural mothers regarding child abuse and their demographic variables such as age

of mothers, sex of the child, family income, education, family status, occupation, religion, type of family, knowledge gain through media, number of children's in the family, birth order of the children and place of living.

HYPOTHESES

- There will be a significant difference in knowledge regarding child abuse between urban and rural mothers.

- There will be a significant association between the knowledge of urban mothers regarding child abuse and demographic variables such as age of mothers, sex of the child, family income, education, family status, occupation, religion, type of family, knowledge gain through media, number of children's in the family, birth order of the children and place of living.

- There will be a significant association between the knowledge of rural mothers regarding child abuse and demographic variables such as age of mothers, sex of the child, family income, education, family status, occupation, religion, type of family, knowledge gain through media, number of children's in the family, birth order of the children and place of living.

ASSUMPTIONS

- Urban mothers will have more awareness regarding child abuse than rural mothers.
- Mothers who have adequate knowledge can prevent child abuse.
- Selected demographic Variable may influence the mothers knowledge about child abuse.

OPERATIONAL DEFINITIONS

Knowledge

In this study, it refers to mother's understanding and awareness about the child abuse that is acquired through friends, education, mass media and personal experience.

Mother

In this study, it refers to those who are having children in the age group between 3 to 12 years.

Child Abuse

In this study, it refers to maltreatment of children physically, emotionally and sexually by the parents, guardians, other care taker, neighbours or strangers.

Urban Area

In this study, urban area refers to those who are living in or situated houses in town or city.

Rural Area

In this study, rural area refers to those who are living in or situated houses in a pastoral or agricultural area.

LIMITATIONS

- The study was limited to mothers those who are having children between the age group of 3 to 12 years.
- The sample of the study was limited to hundred.
- The study period was limited to six weeks.

- The Setting of the study was limited to Manamadruai and Kalpiravu.

PROJECTED OUTCOMES

- This Study helps to assess the awareness of mothers regarding child abuse.
- This Study findings helpful in preventing child abuse in Selected area.
- This Study finding would help to identify the area that need for further teaching.
- It shows the difference in knowledge of child abuse between urban and rural mother.

CONCEPTUAL FRAMEWORK

Health Belief Model

Modified conceptual framework is based on Rosenstock's and Becker (1974) and Mainman's (1975), Health Belief Model. It addresses the relationship between person's belief and behaviour. It provides a way of understanding and predicting how client's will behave in relation to their health and how they will be apply with health care therapies.

Individual Perceptions

Perceive susceptibility to disease and perceived seriousness of disease. This perception is influence and modified by demographic and socio psychological variable perceived threat of illness and cues of action. Based on that, the investigator has identify the demographic data and socio economical status of mothers and assess the knowledge regarding child abuse.

Modifying Factors

Nursing interventions usually focus on factors that can be modify and commitment to plan of action. The investigator has planned structural questionnaire method which was used to evaluate knowledge. In this study modifying factors refers to knowledge regarding child abuse. The knowledge score was graded as adequate knowledge, moderately adequate knowledge and inadequate knowledge.

Likelihood of Action

Perceived benefit of preventive action minus perceived to prevent action. The individual perception and modifying factors together influence the perceived threat of complications due to child abuse. Which direct the individual to take recommended preventive health action. In this study action refers to giving health education based on the assessment of the level of knowledge.

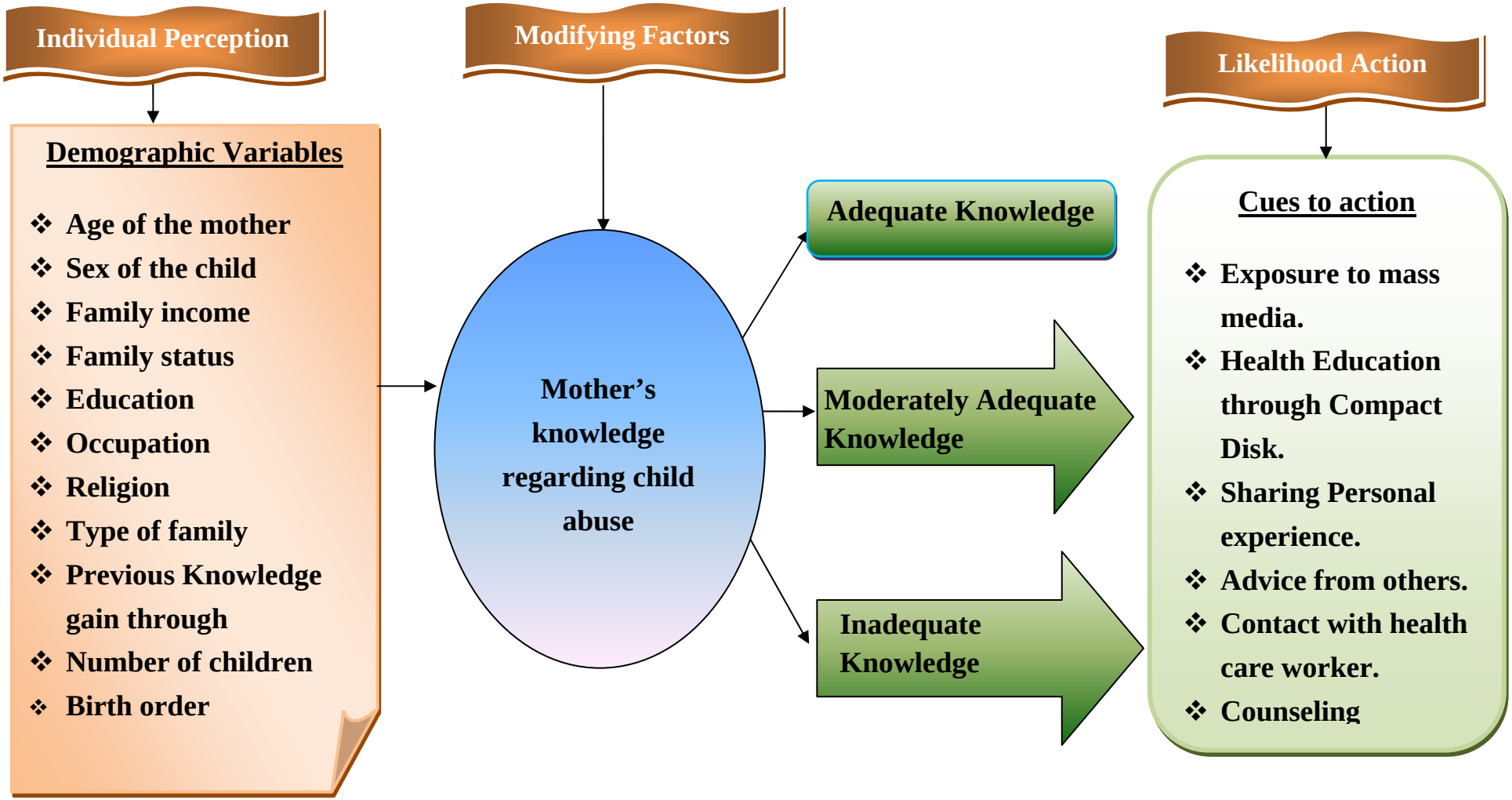


Figure - I MODIFIED CONCEPTUAL FRAMEWORK WORK BASED ON "HEALTH BELIEF MODEL"

(Rosenstock's and Becker's (1974) and Mainman's (1975))

CHAPTER – II

REVIEW OF LITERATURE

This chapter deals with selected students, which are related to the objectives of the proposed study. A review of literature, which was relevant to the study was under taken by the researcher, which helped the researcher to develop deeper insight into the problem and gain information on what has been done in the past.

A literature review provides readers with a background for understanding current knowledge on a topic and illuminates the significance of the new study.

The review of literature is presented under the following heading,

1. Literature related to child abuse
2. Studies related to awareness of mothers regarding child abuse
3. Studies related to physical abuse
4. Studies related to sexual abuse.

1. Literature Related to Child Abuse

Child abuse can take several forms. The four main types of abuse are physical, sexual, psychological, and neglect.

Neglect is the instance in which the responsible adult fails to adequately provide for various needs, including physical (failure to provide adequate food, clothing, or hygiene), emotional (failure to provide nurturing or affection) or educational (failure to enroll a child in school).

Physical abuse is physical aggression directed at a child by an adult. It can involve striking, burning, choking or shaking a child. The transmission of toxins to a child through its mother (such as with fetal alcohol syndrome) can also be considered physical abuse in some jurisdictions.

The distinction between child discipline and abuse is often poorly defined. Cultural norms about what constitutes abuse vary widely: among professionals as well as the wider public, people do not agree on what behaviors constitute abuse.

Some human service professionals claim that cultural norms that sanction physical punishment are one of the causes of child abuse, and have undertaken campaigns to redefine such norms.

In the United States, the National Association of Social Workers has issued statements that even the mildest forms of physical punishment, such as moderate spanking, can lower children's self-esteem, constitute acts of violence, and teach children that physical force is an acceptable way to resolve conflicts. Against this latter argument, the philosopher Prof. David Benatar points out that one might as well say that fining people teaches that forcing others to give up some of their property is an acceptable way to respond to those who act in a way that one does not like. If beatings send a message, why don't detentions, imprisonments, fines, and a multitude of other punishments convey equally undesirable messages? He adds that “there is all the difference in the world between legitimate authorities -- the judiciary, parents, or teachers -- using punitive powers responsibly to punish wrongdoing, and children or private citizens going around beating each other, locking each other up,

and extracting financial tributes (such as lunch money). There is a vast moral difference here and there is no reason why children should not learn about it. Punishing children when they do wrong seems to be one important way of doing this".

In the United Kingdom, sociology professor Frank Furedi suggests that many advocates of a total ban on physical punishment are actually against all forms of punishing children. He sees the underlying agenda as an anti-parent crusade, and argues that the much-cited Murray Straus research is far less clear-cut than the claims made on its behalf by what he calls "anti-smacking zealots".

The use of any kind of force against children as a disciplinary measure is illegal in 24 countries around the world. See corporal punishment in the home for more information.

Child sexual abuse is a form of child abuse in which an adult or older adolescent abuses a child for sexual stimulation. Forms of CSA include asking or pressuring a child to engage in sexual activities (regardless of the outcome), indecent exposure of the genitals to a child, displaying pornography to a child, actual sexual contact against a child, physical contact with the child's genitals, viewing of the child's genitalia without physical contact, or using a child to produce child pornography.

The effects of child sexual abuse include depression, post-traumatic stress disorder, anxiety, propensity to re-victimization in adulthood, and physical injury to the child, among other problems. Sexual abuse by a family member is a form of incest, and can result in more serious and long-term psychological trauma, especially in the case of parental incest.

Out of all the different forms of abuse, emotional abuse is the hardest to identify. This form of abuse includes name-calling, ridicule, degradation, destruction of personal belongings, torture or destruction of a pet, excessive criticism, inappropriate or excessive demands, withholding communication, and routine labeling or humiliation.

Some ways that victims of emotional abuse may react is by distancing themselves from the abuser, internalizing the abusive words, and to fight back by insulting the abuser. Emotional abuse can result in abnormal or disrupted attachment disorder, a tendency for the victim to blame themselves for the abuse, learned helplessness, and overly passive behavior.

Child abuse can have the following consequences:

- ❖ It will encourage the child to lie, resent, fear, and retaliate, instead of loving, trusting, and listening.
- ❖ It will alienate the child from us and the rest of the family and make him a recluse.
- ❖ It will lower the child's self esteem, and affect the child's psychological development and ability to behave normally outside his home.
- ❖ When the child grows up, the child could probably carry on the family tradition, and abuse your grandchildren.
- ❖ The child may exclude us from his adult life. For example, we might not be invited to the child's wedding, or not be allowed any contact or relationship with our grandchildren.

Child abuse prevention is a complex and difficult task requiring the introduction of changes and, most important, the guarantee that those changes are in the right direction and are maintained. This is where the

difficulties set in, since it is necessary to overcome great social and cultural obstacles. The classical levels of prevention have been adapted to the abuse phenomenon according to the type of population to which they are directed (Browne, 1988): (a) primary prevention when it is applied to all the individuals in a given community; (b) secondary prevention when measures are established in populations identified as high risk with respect to abuse; and (c) tertiary prevention, referring to intervention made in cases of abuse detected by child care services.

Child abuse is the physical or psychological/emotional mistreatment of children. Most child abuse occurs in a child's home, with a smaller amount occurring in the organizations, schools or communities the child interacts with. There are four major categories of child abuse, (a) Neglect, in which the responsible adult fails to adequately provide for various needs, including physical (failure to provide adequate food, clothing, or hygiene), emotional (failure to provide nurturing or affection) or educational (failure to enroll a child in school). (b) Physical abuse is physical aggression directed at a child by an adult. It can involve striking, burning, choking or shaking a child. The transmission of toxins to a child through its mother (such as with fetal alcohol syndrome) can also be considered physical abuse in some jurisdictions. (c) Child sexual abuse is any sexual act between an adult and a child, including penetration, oral sex and forces nudity in front of the adult. d) Psychological abuse, also known as emotional abuse, which can involve belittling or shaming a child, inappropriate or extreme punishment and the withholding of affection.

Neglect, which are associated with a wide range of emotional problems and psychiatric symptoms. Children who have been psychiatric

disturbances, including anxiety, aggressive behavior, paranoid ideation, posttraumatic stress disorder, depressive disorders, and an increased risk of suicidal behavior.

Many factors contribute to child abuse and neglect. Abusive parents have themselves often been victims of physical and sexual abuse and of long-term exposure to violent home lives of pain and physical torment, which are powerful promoters and aggression. Stressful living conditions, such as overcrowding and poverty, can contribute to aggressive behavior and may contribute to physical abuse toward children. When such environmental crises as unemployment, housing problems, and financial need heighten stress levels in vulnerable families, neglect or abuse may ensure. Mental disorders can play a role in child abuse and neglect insofar as a parent's judgment and thought processes may be impaired.

2. Studies Related to Awareness of Mothers Regarding Child Abuse

Allan et al., (2003) conducted a study on "maternal responses to the sexual abuse of their children". The purpose of this study was to identify maternal responses and their relationship to child abuse situations. The data have been collected from 103 mother of sexual abused children. Data collection was no significant association between maternal behaviors and child's response 33% of incest victims and 30% of non incest victims had mothers with non incest victims had mothers with non- supportive responses and 83% of mothers had a supportive response.

Welfe D et al., (2002) conducted study on "cognitive processes associated with child neglect". To compare neglectful and non-neglectful mothers on information processing tasks related to child emotions,

behaviors, the care giving relationship, and recall of child-related information. Neglectful mothers (N=34) were chosen from active, non-neglectful comparison mothers (N=33) were obtained from community agencies serving families. Results of neglectful mothers were significantly less likely to recognize infant's feelings of interest, more likely to see sadness and shame, more inaccurate at labeling infants' emotions, and had a more limited emotion vocabulary.

Marquez V et al., (2001) a study was conducted on "to assess the awareness and views on child abuse and neglect in urban and rural areas". The aim of the study was to obtain information regarding the there was on significant difference in awareness level among both urban and rural samples regarding awareness responded from urban samples seemed to be more knowledgeable than the rural sample in the area of rights of their child (χ^2 = 2.16 at 0.1 level of significance, rural ; 95 urban;97)

Hildyard (2000) a study on "risk factors of child maltreatment within the family" the purpose of this study was to compare family dynamics in child maltreating family (n=42) with that in ordinary families with children (n=77) and ascertains risk factors of child maltreatment within the family. Data were collected using question arise. The mean age of the respondent was 34 years birth in child maltreating families (group 1, n=42) and in ordinary family with children (group 2, n=77) comparison of family dynamics in child maltreating families their parents had generally lower education than did ordinary families.

Vermont (1999), a study was conducted on "to assess the knowledge and attitude about child sexual abuse as a public health". This study included 297 participants. The methods used were an interview

schedule. This study showed that overall 97% of the respondents about the subject. A total of 74% of the respondents described child sexual abuse as either a “major problem” or “somewhat of problem interment. A total of 31% believed that those adults who sexual abuse children can stop if motivated to do so.

2. Studies Reported to Physical Child Abuse

Brunner RA et.al., (2007) a study was conducted on “Adolescents as victims of familial violence: a hospital based surveillance. Adolescent abuse is an important and understudied issue in society. The objective of this study was to examine the epidemiology of physical injuries due to maltreatment among adolescents aged 10 to 9 years. Subjects came from seven hospitals/trauma centres in Washington DC that were involved in the Washington DC Initiative to Reduce Infant Mortality and Prevention of Childhood Injuries Study. From 1996 to 1998, information was gathered about all injuries to adolescents aged 10 to 19 years that resulted in a visit to a participating emergency department. Increased awareness of maltreatment among older children is a critical step in increasing and improving screening and prevention practices among health-care professionals.

Kemp AM et al., (2006) a study was conducted on “Patterns of skeletal fractures in child abuse”. The aim of the study to identify the characteristics that distinguish fractures in children. Study selection Comparative studies of fracture at different bony sites, sustained in physical abuse and from other causes in children below18 years old were included. Results of the study, Fractures resulting from abuse were recorded throughout the skeletal system, most commonly in infants

(<1 year) and toddlers (between 1 and 3 years old). Multiple fractures were more common in cases of abuse. Once major trauma was excluded, rib fractures had the highest probability for abuse (0.71, 95% confidence interval 0.42 to 0.91).

Mary Jo Koschel (2003) reported that physical abuse of children is a serious concern in the United States, where Approximately 1,200 child fatalities resulted from either abuse or neglect in 2000. Eighty five percent of the victims were younger than six years old. And 44% were younger than one year old. It was observed that 2 to 55 of cases of the physical abuse of children result in death. The world report on violence and health reported that in a recent study in the republic of Korea parent were questioned about the behavior towards their children Two Third of the parents reported whipping their children and 45% confirmed that they had hit, Kicked or beaten them. The world report on violence and health reported that in Ethiopia 21% of urban school children an 64% of rural school reported bruises or swelling on their bodies resulting from parents punishment.

Sibert JR et al., (2002) a study was conducted on "The incidence of severe physical child abuse in Wales. The purposes of this study to association the incidence and nature of severe physical child abuse in Wales. This method is a population based incidence study based in Wales, United Kingdom for two years from April 1996 through March 1998. Children studied were under the age of 14 with severe physical abuse consistent with the criminal law level of Grievous Bodily Harm. Result of the study was 6 times more common in babies than in children from 1 year to 4 year of age. This is mainly because to type severe abuse are more common in babies under age of 1 year than older children.

Vizcarra MB, et al., (2001) a study was conducted on "Prevalence of child abuse". Child maltreatment is recognised as a significant health problem in developed countries. There is increasing awareness on family violence in Chile, becoming a health priority in the last five years, but there is scant information about its prevalence. The prevalence of psychological aggression delivered by mothers or fathers was 17.5% and 6.8% respectively. The figures for corporal punishment delivered by mother or fathers were 42.3% and 17% respectively. Three percent of mothers and 1.2% of fathers recognised severe physical abuse.

3. Studies Related to Sexual Abuse

Horwood LJ (2009) a study was conducted on "Experience of sexual abuse in childhood and abortion in adolescence and early adulthood". The study examined the associations between the experience of sexual abuse in childhood and the number of abortions in adolescence and early adulthood. data gathered at ages 18 and 21, self-reported abortions from ages 15 to 25, measures of childhood socio-economic disadvantage, family stability, family functioning, experience of childhood physical abuse, and pregnancy in adolescence and early adulthood. The results suggest a causal chain in which experience of childhood sexual abuse leads to increased rates of pregnancy, which in turn leads to increased rates of abortion.

Rathore P et al., (2006) a study was conducted on "Incidence, type and intensity of abuse in street children in India". Method of this study was the aims of this cross-sectional survey were to examine the prevalence, type and intensity of abuse in street children in Jaipur city,

India. Based on purposive random sampling, 200 street children, inclusive of equal number of boys and girls. Result of the study, street children reported experiences of abuse in all the five areas under study. Larger numbers of children (61.8%) scored in the "moderate" category of abuse while 36.6% children indicated abuse in "severe" and "very severe" categories on the intensity of abuse. Highest mean scores were obtained on the "verbal" and "psychological" area of abuse.

Victoria, (2003) a study was conducted "to examine the impact of child sexual abuse on mental health". The aim of this study was to examine the association between child sexual abuse in both boys and girls and subsequent treatment for mental disorders an to compare the mental health of general population of the same age using a prospective cohort design. This study included 285 male and 327 female children in the age of 16 years and younger. The method used was a diagnostic hierarchy to specify a single diagnosis for cases. This study showed that there was a clear association between child sexual abuse and disturbances of mental health in childhood & also showed that the male and female victims of abuse had significantly higher rates of psychiatric treatment than general population (12.4% Vs 3.6%) male victims were significantly more likely to have than females (22.8% Vs 10.2%).

The Hindu (2003) reported that rate is common in India as in other countries throughout the world. Rape is social disease. It also revealed that women belonging to low casts and tribal women are more at risk statistics from 2000 showed that on an average a woman is raped every hour in India.

Asha Krishnakumar (2003) "The Frontline" reported that sexual abuse of children is real problem in India, and the situation is aided by the absence of effective legislation and the silence that surround the offence.

WHO (2003) reported that according to the world health organization; one in every four girls and one in every seven boys in the world are sexually abused. A researcher, Loes J. Engelbrecht who on the problems of child sexual abuse quotes studies showing that over 50% of children in India are sexually abused, a rate that is higher than in any other country.

The Front line (2003) reported that a 1999 study by the Mumbai based Tata Institute of Social Sciences revealed that 58 of the 150 girls interviewed had been raped when were ten years old.

Plummer CA (2001) a study was conducted on "gaining awareness of the sexual abuse of their children. The aim of this study was to explore how mothers discovered that their children had been sexually abused. An exploratory survey of 125 non-abusive mothers of sexually abused children in three clinical sites was used. The sample included primarily Caucasians and African Americans in a Midwestern State. A focus group study was used to develop the instrument. The survey was analyzed using descriptive statistics. Mothers first came to learn of sexual abuse from a verbal report (42%) or behaviors (15%) of their victimized child. Almost half of the mothers had a sense that something was "not quite right" prior to knowing about the abuse.

Jordan (1999) a study was conducted on "to examine the prevalence and long term impact of child sexual abuse". This study included 100 male college students of the age group 18-20. The method used was a one stage retrospective questionnaires survey procedure. The result showed that the prevalence of child sexual abuse among the participants was 27% who had experienced sexual abuse before 14 years

of age. The study also revealed that those who had experienced child sexual abuse had more mental health problems than those who never had.

David Finkelhor (1999) a sociologists study was conducted on, over 19 countries on child sexual abuse. This article reveled that some abuse percentages in most countries were comp able with North American research figures. The overall percentage to range from 7% to 36% for girls and 3% to 29% for boys. Most of these studies found that females were abused 1.5 to 3 times more than boys. This sexual abuse is an international problem and is not restricted to just a few countries in the world.

CHAPTER – III

RESEARCH METHODOLOGY

The research methodology indicates the general of organizing the procedures of gathering valid and date for investigation.

It includes research approach, research design setting, population, sample size sampling technique and criteria for sample selection. It further detail with development of tool, validity, pilot study, procedure of data collection and plan for data analysis.

RESEARCH APPROACH

Quantitative research approach was adopted in this study. The purpose of the study is to assess the knowledge of child abuse among urban and rural mothers.

RESEARCH DESIGN

A descriptive design was used to reveal the difference in knowledge of child abuse among urban and rural mothers.

SETTING OF STUDY

The setting of the study was urban and rural area at Manamadurai. The name of the urban area selected was Annasalai. This is situated Six kilometers away from the Matha College of Nursing. The total Numbers of mothers those who having children between three 3 to 12 years are about 250.

The name of the rural area selected was Kalpiravu. This is situated Nine kilometers away from the Matha College of Nursing. The total Numbers of mothers those who having children between three 3 to 12 years are about 162.

POPULATION

The target population in this study is mothers those who are having children's between 3 to 12 years of age, living in selected urban and rural area at Sivagangai District.

SAMPLE AND SAMPLE SIZE

The sample selected were100 mothers (50 from urban and 50 from rural) having children between 3 to 12 years.

SAMPLING TECHNIQUE

Simple random sampling technique was used in this study to select the area. Information about area were obtained from panchayat president. There are about 39 rural area and 18 urban area in Manamadurai. I have given numbers in each area, the same number were written in small lot and they were dropped in box. After shuffling the lots were picked by the investigator that number is selected as a area. Annasalai was selected as urban area and Kalpirauv was selected as a rural area.

Survey method was used to select the mothers , those are having the children's between 3 to 12 years and they were given members. Total numbers mothers in urban area are approximately 250 and rural area about 162. I have given a numbers to each urban mothers, the same number were written in small lot and they were dropped in a box. After shuffling the lots were picked by the investigator that number is selected as a sample. 50 mother were selected from urban area. The same manner 50 mother were selected from selected from mother rural area those who met the inclusion criteria.

CRITERIA FOR SELECTION OF SAMPLE

Inclusion Criteria

- Mothers who are willing to participate in the study.
- Mothers having both male and female children.
- Mothers who are having children between 3 to 12 years of age.
- Mothers who can read and write Tamil.

Exclusion Criteria

- Mothers who are not willing to participate in the study.
- Mothers who are having children Less than three years and more than 12 years.

SELECTION OF THE TOOL

A Multiple Choice Questionnaire (MCQ) was used to assess the knowledge of mothers regarding child abuse. The related tool was printed in both Tamil and English.

DEVELOPMENT OF TOOL

The tool was constructed for the purpose of obtaining data for the study. And it was developed by the researcher on reviewing the relevant literature in consultation with medical and nursing expert in the field of pediatric nursing and medicine.

DESCRIPTION OF THE TOOL

The tool consists of two parts.

Part – I: Demographic Data

Part I deals with demographic variables. The demographic data such as age of mother, sex of the child, family income, Education, family

status, Occupation, religion, type of family, knowledge gain through media, number of children's in the family, birth order of the children and place of living.

Part – II: Knowledge Assessment Questionnaire

Part II comprise of a multiple choice knowledge questionnaire which consists of questions regarding child abuse and its classifications such as,

a) Knowledge about child abuse, it consist of ten questions,
b) Physical abuse , it consist of seven questions,
c) Sexual abuse, it consist of twelve questions and
d) Emotional abuse, it consist of six questions and scheduled to assess the knowledge regarding child abuse.

SCORING PROCEDURE

A multiple choice questionnaire was used to assess the knowledge regarding child abuse. These were 35 questions in total. Each question was prepared with one correct option and three distracters. A score of 1 was fixed for the correct answer and a score of 0 for wrong ones. The maximum possible score is 35. According to the total score they were categorized as follows:

Score	Percentage	Category
0 – 17	0-50%	Inadequate
18 – 26	51 %-75%	Moderately adequate
27 - 35	76 %-100 %	Adequate

TESTING OF THE TOOL

Validity

The validation of the tool was obtained by submitting the questionnaire was obtained by submitting the questionnaire to the experts in the field of Pediatric Nursing, Community Health Nursing, Obstetrics and Gynecology Nursing, and a Pediatrician. The language, content and format of the tool were revised on their suggestions.

Reliability

The tool was tried out with five rural and five urban mothers selected for pilot study. Test and retest method was used to find out the reliability of the tool. Coefficient of correlations was found to be r = 0.732 at 0.5 level of significance.

PILOT STUDY

The pilot study was conducted with the view of assessing the feasibility of the study to determine major flaws in the study design and to decide plan for data analysis. Prior administrative permission was obtained from Panchayat president. Five mothers were selected from urban area and five mothers selected in rural area by simple random technique. The tool was administered to each mother with guidelines. It took almost 45 minutes for the mother to complete the questionnaire. The study was found to be feasible. The subjects included in the pilot study were excluded in the main study.

DATA COLLECTION PROCEDURE

Data was collected from the samples using knowledge questionnaire in order to identify the knowledge regarding child abuse among urban and rural mothers in selected area at Manamadurai. The

main study was conduct in six weeks, three weeks for urban and three weeks for rural area. The data collection procedure was done in the areas, from 8 am to 2 pm daily. During the data collection the researcher introduced herself to mothers and explained the purpose and method of the study. For each mother approximately 45 minutes were spent. Data was collected from a maximum of eight samples per day. The data collection procedure was terminated by giving thanks to the respondent. The investigator found no difficulties during data collection. After the data collection the investigator provide health teaching to the mother regarding child abuse and prevention of child abuse.

PLAN FOR DATA ANALYSIS

Data was collected, tabulated and analyzed by using statistical method. Descriptive and inferential statistics was used to analyse the data. Frequency, percentage, chi-square correlation and t-test were used to assess the knowledge regarding child abuse among urban and rural mothers.

Sl. No	Data analysis methods		Remarks
1	Descriptive statistics	Frequency and percentage	Used for analysis of knowledge regarding child abuse among urban and rural mothers.
2	Inferential Statistics	Chi – square	Used to find the association between the knowledge regarding child abuse and selected demographic variables.
		t-test	Used to find the difference in knowledge regarding child abuse between urban and rural mother.

PROTECTION OF HUMAN SUBJECTS

Permission obtained from head of the department of pediatric nursing, to select this study. The proposal was approved by the dissertation committee members of Matha college of Nursing. A pilot study as well as the main study was conducted after seeking permission of the panchayat president of the selected area of Sivagangai. Assurance was given to each subject selected for the study, that confidentiality and anonymity would be maintained.

CHAPTER – IV

ANALYSIS AND INTERPRETATION OF DATA

This chapter deals with the analysis of the sample and interpretation of data to assess mother's knowledge regarding child abuse in selected urban and rural area at Sivagangi District.

According to Polit (2007) analysis helps a researcher to make a sense of quantitative information. Statistical procedure enable researcher to summarize, organize, evaluate, interpret and communicate numeric information.

The obtained date has been classified grouped and analyzed statistically based on the objectives.

OBJECTIVES

- To assess the existing level of knowledge regarding child abuse among rural mothers.
- To assess the existing level of knowledge regarding child abuse among urban mothers.
- To find out the difference between urban and rural mothers knowledge regarding child abuse.
- To find out the association between the knowledge among rural mothers regarding child abuse and their demographic variables such as age of mothers, sex of the child, family income, education, family status, occupation, religion, type of family, knowledge gain through media, number of children's in the family, birth order of the children and place of living.

- To find out the association between the knowledge of urban mothers regarding child abuse and their demographic variables such as age of mothers, sex of the child, family income, education, family status, occupation, religion, type of family, knowledge gain through media, number of children's in the family, birth order of the children and place of living.

PRESENTATION OF DATA

The analysis of data was organized and presented under the following section,

Section-I:

a) Frequency distribution of demographic variables among rural and urban mothers.

b) (i) Analysis of knowledge regarding urban mothers according to demographic variables.
(ii) Knowledge regarding child abuse in urban mothers based on it classification.

c) (i) Analysis of knowledge regarding rural mothers according to demographic variables.
(ii) Knowledge regarding child abuse in rural mothers based on it classification.

Section-II:

a) Frequency distribution of knowledge among urban mothers regarding child abuse according to the selected demographic variables.

b) Frequency distribution of knowledge among rural mothers regarding child abuse according to the selected demographic variables.

Section-III:

Comparison of knowledge regarding child abuse in urban and rural mothers.

Section-IV:

a) Association between knowledge regarding child abuse and the selected demographic variables in urban mothers.

b) Association between knowledge regarding child abuse and the selected demographic variables in rural mothers.

Section - I

Table-I

a) Frequency and percentage distribution of samples according to selected demographic variables.

S. No	Demographic variables	Urban (N = 50)		Rural (N = 50)	
		Frequency (F)	Percentage (%)	Frequency (F)	Percentage (%)
1.	**Age of the Mother**				
	a) 19 – 25 years	13	26	7	14
	b) 26 – 30 years	19	38	21	42
	c) 30 – 35 years	13	26	18	36
	d) above 35 years	5	10	4	8
2.	**Sex of the child**				
	a) male	29	58	26	52
	b) female	21	42	24	48
3.	**Family income**				
	a) Below 2000/- month	3	6	13	26
	b) 2001 to 5000/- month	20	40	24	48
	c) 5001 to 10000	23	46	10	20
	d) Above 10001/- month	4	8	3	6
4.	**Education of the mother**				
	a) Illiterate	8	16	15	48
	b) Primary Education	15	30	24	30

	upto 10th std				
	c) Secondary Education	14	28	7	14
	upto 12 std	11	22	4	8
	d) Under Graduate	2	4	-	-
	e) Post Graduate				
5.	**Family status**	38	76	27	54
	a) organized	12	24	23	46
	b) Disorganized				
6.	**Mother's Occupation**	6	12	21	42
	a) House Maker	14	28	11	22
	b) Government employer	22	44	9	18
	c) Non Government employer	8	16	9	18
	d) Self employer				
7.	**Mothers Religion**	24	48	34	68
	a) Hindu	13	26	7	14
	b) Christian	13	26	9	18
	c) Muslim				
8.	**Type of family**				
	a) Nuclear family	31	62	32	64
	b) Joint family	17	34	11	22
	c) Extended family	2	4	7	14

9.	**Previous Knowledge gain through**	31	62	24	48
	a) TV	9	18	7	14
	b) Radio	9	18	14	28
	c) News Paper	1	2	5	10
	d) Books and Journals				
10.	**Number of Children**	15	30	18	36
	a) 1	19	38	20	40
	b) 2	14	28	11	22
	c) 3	2	4	1	2
	d) 4 and above				
11.	**Birth Order**	19	38	12	24
	a) First child	21	42	23	46
	b) Second child	8	16	13	26
	c) Third Child	2	4	2	4
	d) Four and above				
12.	**Place of Living**	50	100	-	-
	a) Urban	-	-	50	100
	b) Rural				

Table 1 show the summary of demographic characteristics of sample. About 13 (26%) mothers of urban were 19 to 25 years, 19 (30%) were 26 - 30 years, 13 (26%) were 30 - 35 years, 5 (10%) were above 35 years. 7 (14%) mothers of rural were 19 to 25 years, 21 (42%) were 26 - 30 years 18 (36%) were 30 - 35 years, 4 (8%) were above 35 years mothers.

Regarding urban sex of the children 29 (29%) samples were male and 21(21%) samples were females. Rural sex of children 52 (52%) samples were male and 48 (48%) samples were females. The monthly income of urban mothers family were <2000 in 3 (6%) family, Rs.2001 – 5000 in 20(40%) family and Rs.5001 – 10000 in 23(46%) family, >10001 in 4(8%) family. About rural mother family were <2000 in 13 (26%) family, Rs.2001 – 5000 in 24(48%) family, Rs.5001 – 10000 in 10(20%) family and >10001 in 3(6%) family.

Mothers of urban were 8 (16%) illiterate, 15(30%), 14(28%) had received primary, Secondary education and 11 (22%) were under graduate and 2(4%) post graduate. Rural mothers were 15 (48%) illiterate, 24(30%), 7(14%) had received primary, Secondary education and 4 (8%) were under graduate.

In regard to urban status of family 38 (76%) belongs to organized family and 12(24%) belongs to disorganized family. About rural 27 (54%) belongs to organized family and 23(46%) belongs to disorganized family.

In urban mothers about 6(12%) mothers were house maker, 14(28%) mothers were government employee, most 22(44%) mothers in non government employee and 8(16%) were self employer. Rural mothers were mostly 21(42%) mothers were house maker, 11(22%) mothers were government employee, 9(18%) mothers in non government employee and 9(18%) were self employer.

Regarding religion 24(48%) were Hindu, and 13(26%) were Christian and Muslim in urban mothers. 34(68%) were Hindu, and 7(14%) were Christian and 9 (18%) were Muslim in rural mothers. In type of family 31(62%) belongs to Nuclear family, 17(34%) belongs to Joint family and 2(4%) belongs to extended family in urban area. About rural 32(64%) belongs to Nuclear family, 11(22%) belongs to Joint family and 7(14%) belongs to extended family.

While considering the source of previous knowledge of child abuse 31(62%), 9(18%), 9(18%) and 1(2%) gained through TV, Radio, News paper, books and journals respectively in urban area. 24(48%), 7(14%), 14(28%) and 5(10%) gained through TV, Radio, News paper, books and journals respectively in rural area.

With regard to number of children 15(30%) had one children, 19(38%) two children, 14(28%) had three children and 2(4%) had > 4 children in urban. About rural 18(36%) had one children, 20(40%) two had children, 13(26%) had three children and 2(4%) had > 4 children.

Regarding Birth orders of urban mothers 38 (38%) were First child and 42 (42%) were Second child and 16 (16%) were third child and 4 (4%) were >fourth child. Birth orders of rural mothers 24 (24%) were First child and 46 (46%) were Second child and 26 (26%) were third child and 4 (4%) were >fourth child.

Fig 2 : Frequency distribution of samples in terms of age of the mother

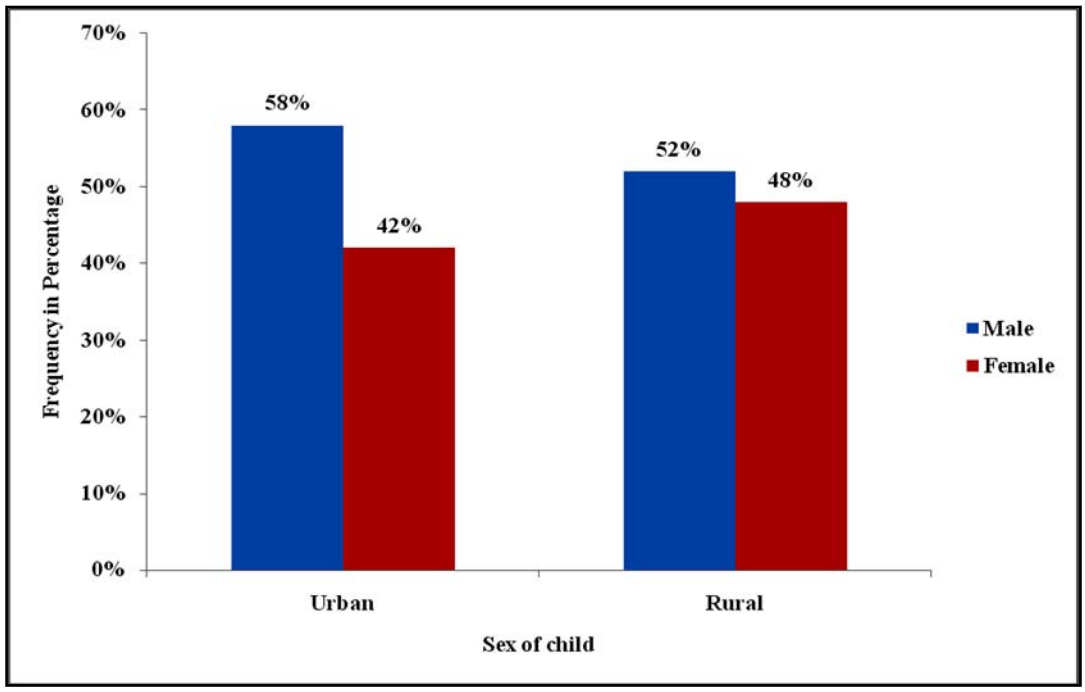


Fig 3 : Frequency distribution of samples in terms of sex of the child

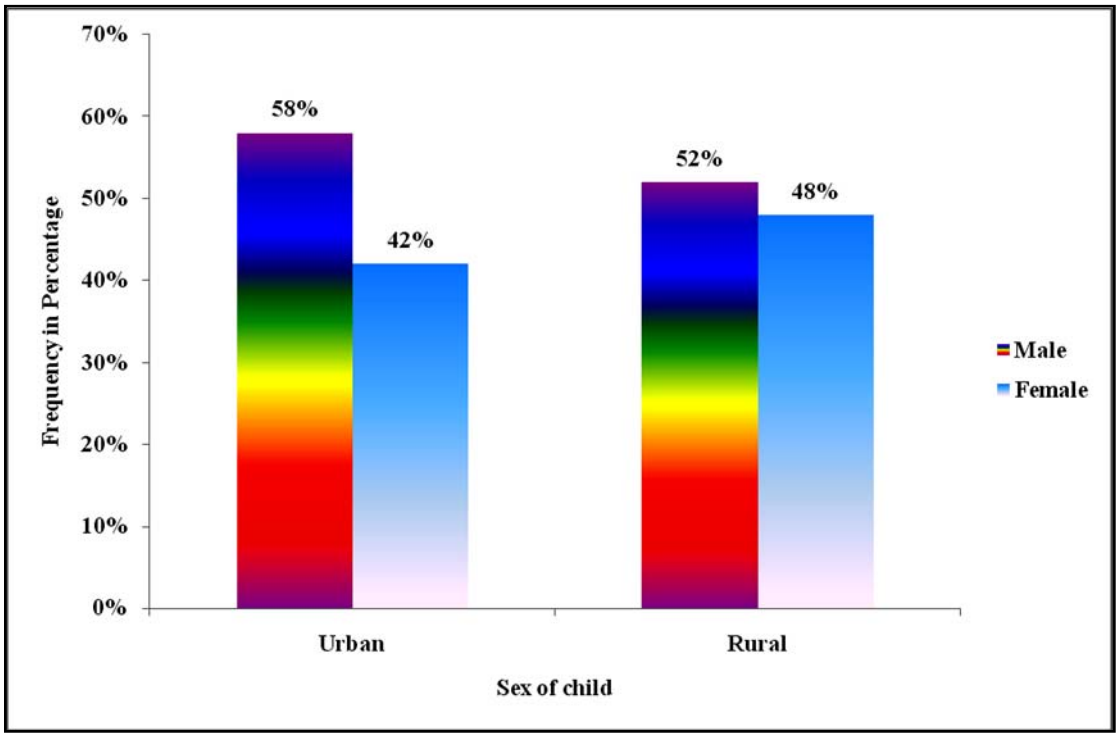


Fig 4 : Frequency distribution of samples in terms of Family income

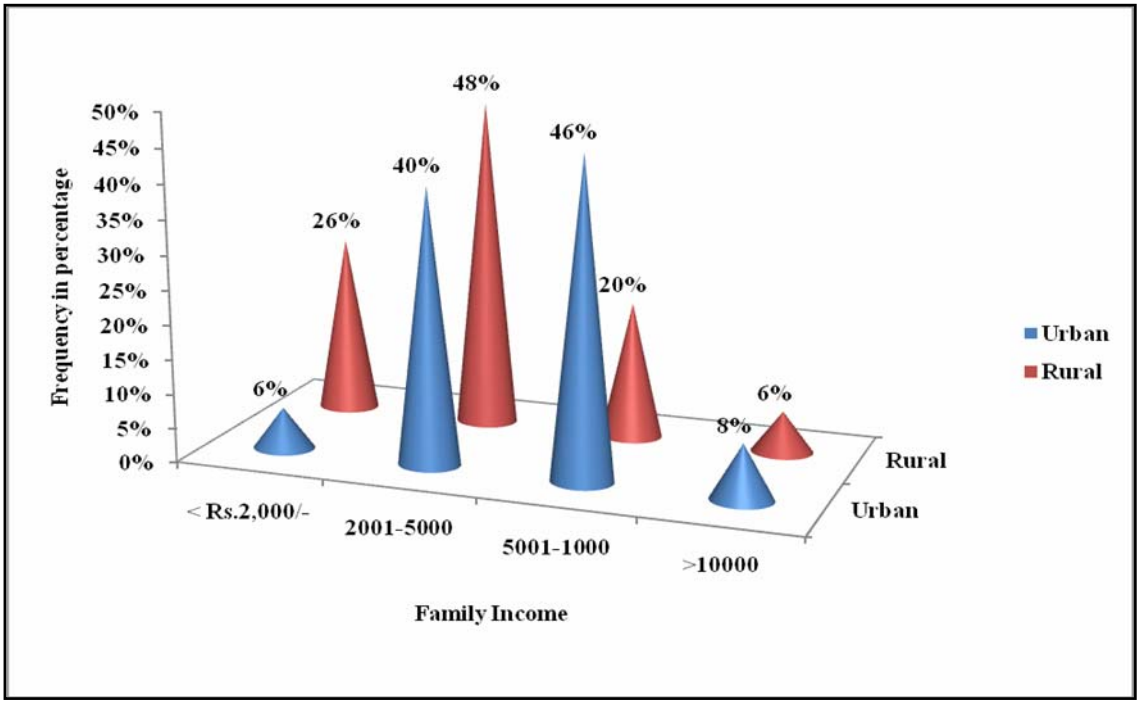


Fig 5 : Frequency distribution of samples in terms of mother's education

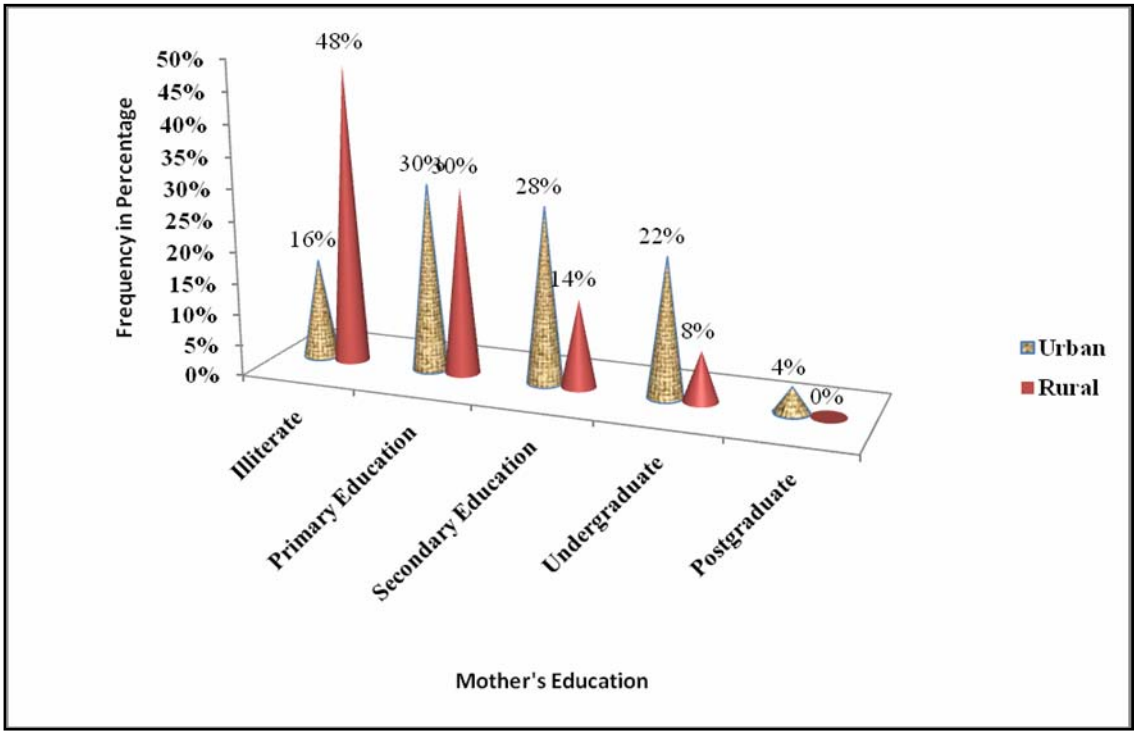


Fig 6 : Frequency distribution of samples in terms of Family Status

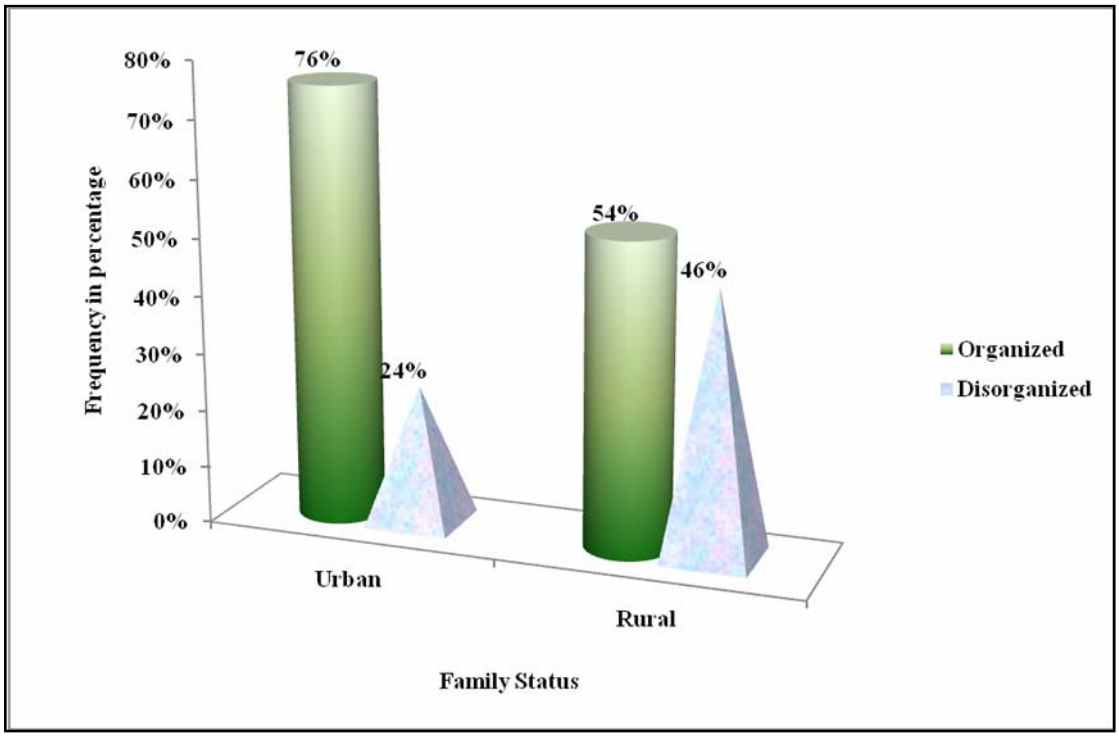


Fig 7 : Frequency distribution of samples in terms of Mother's occupation

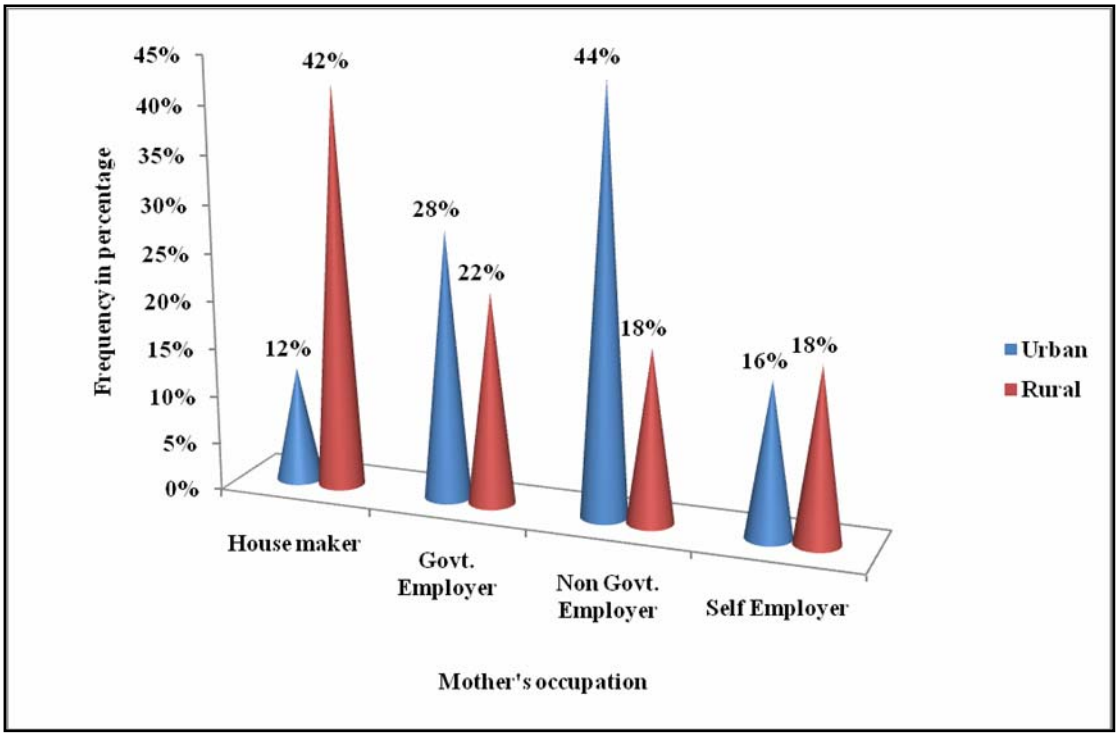


Fig 8 : Frequency distribution of samples in terms of Mother's religion

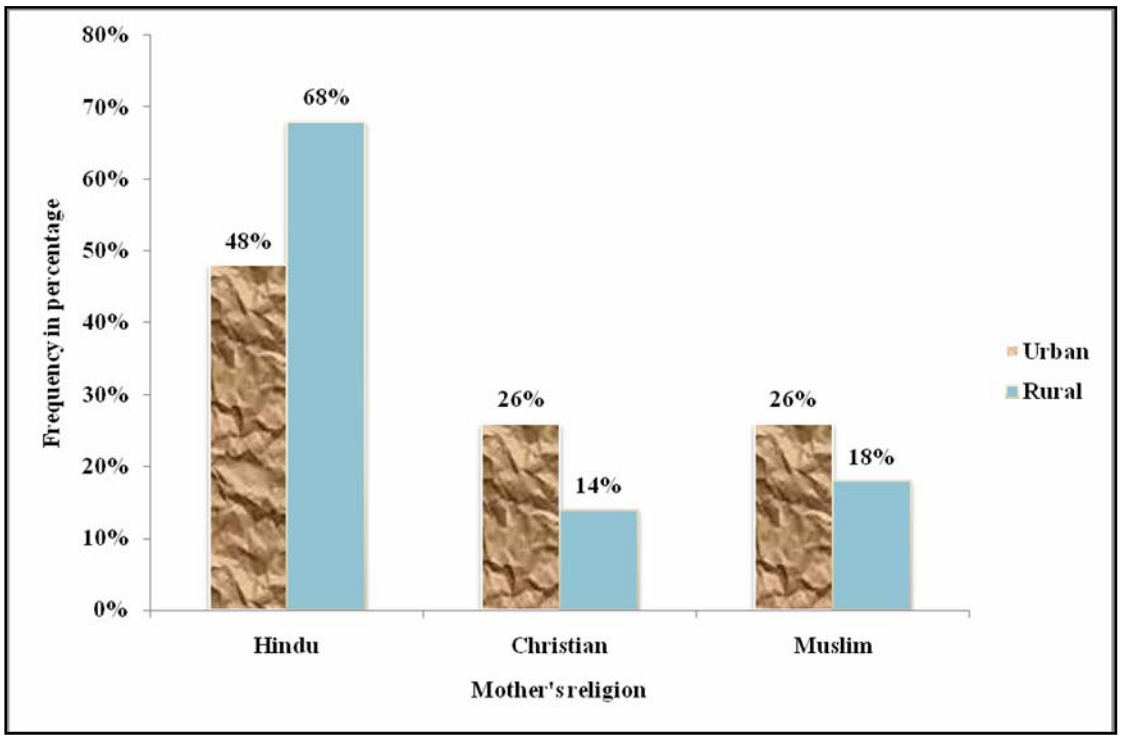


Fig 9 : Frequency distribution of samples in terms of Types of family

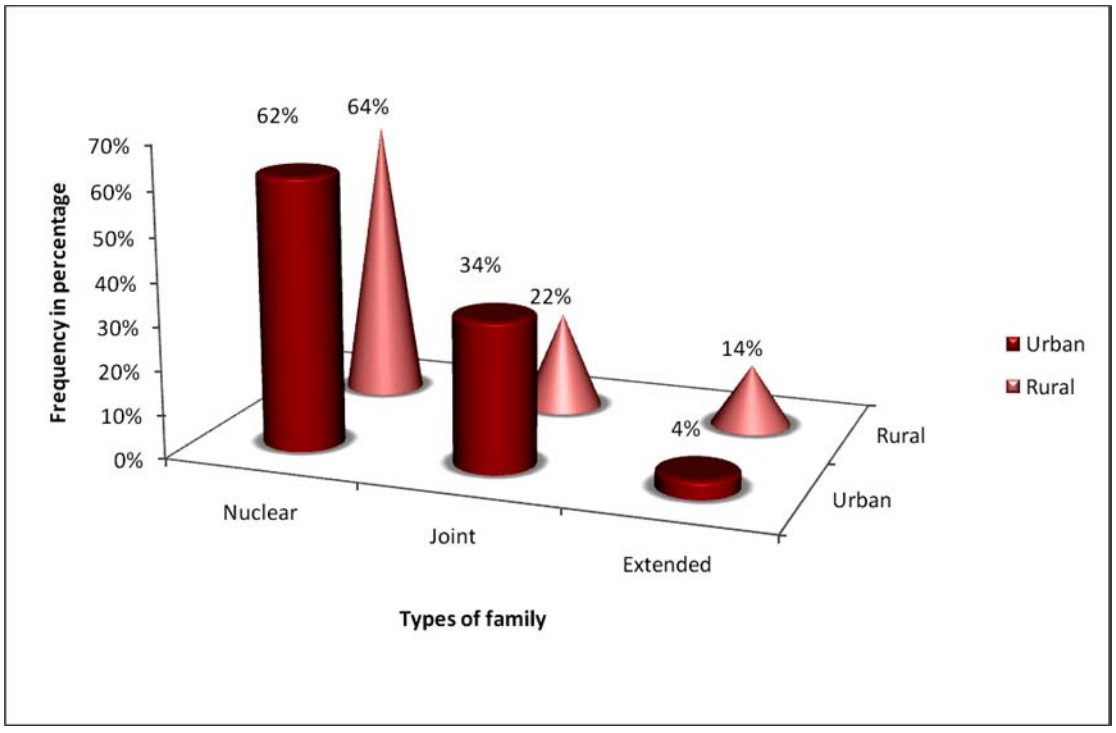


Fig 10 : Frequency distribution of samples in terms of source of previous knowledge

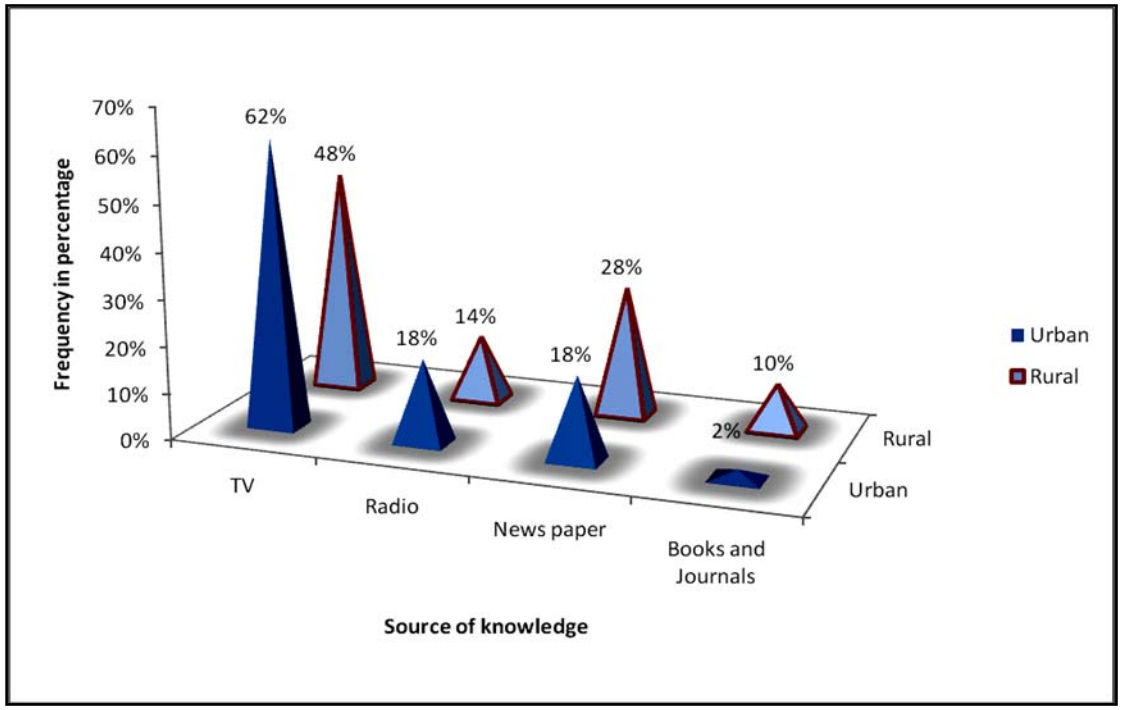


Fig 11 : Frequency distribution of samples in terms of number of children

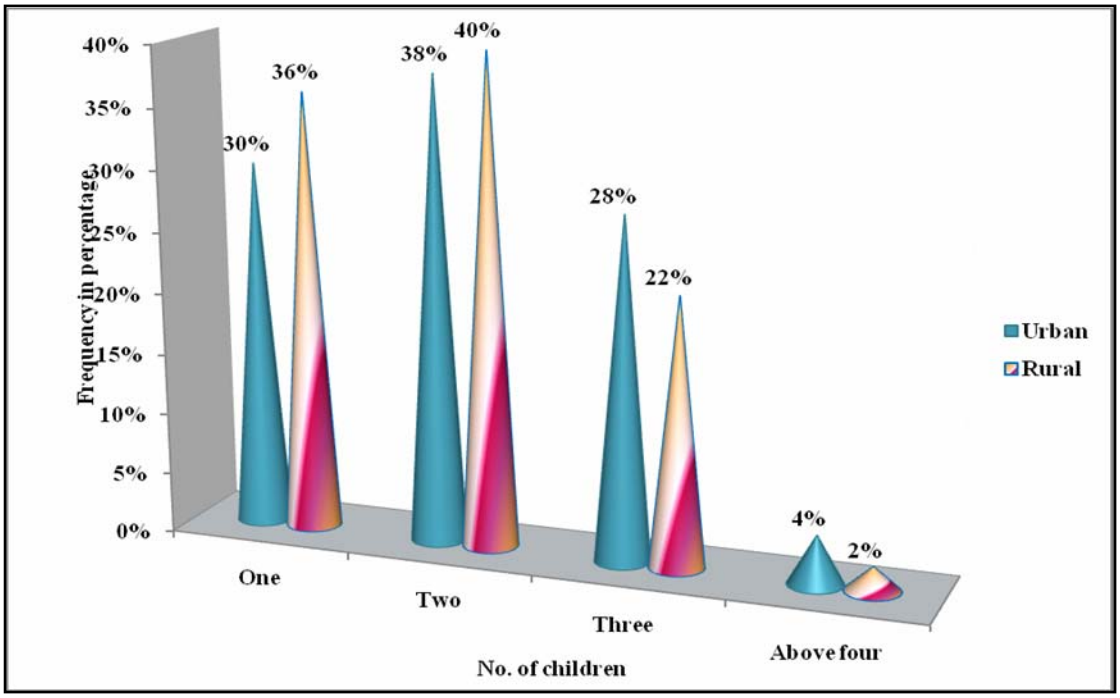


Fig 12 : Frequency distribution of samples in terms of birth order

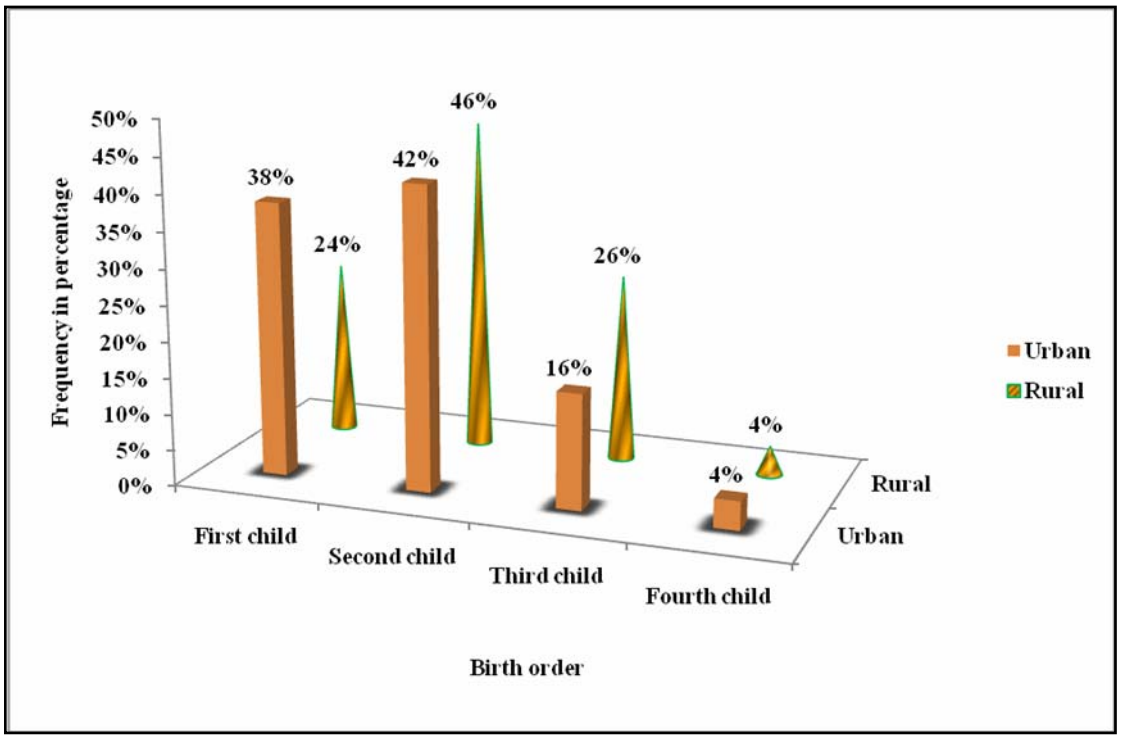


Fig 13 : Frequency distribution of samples in terms of place of living

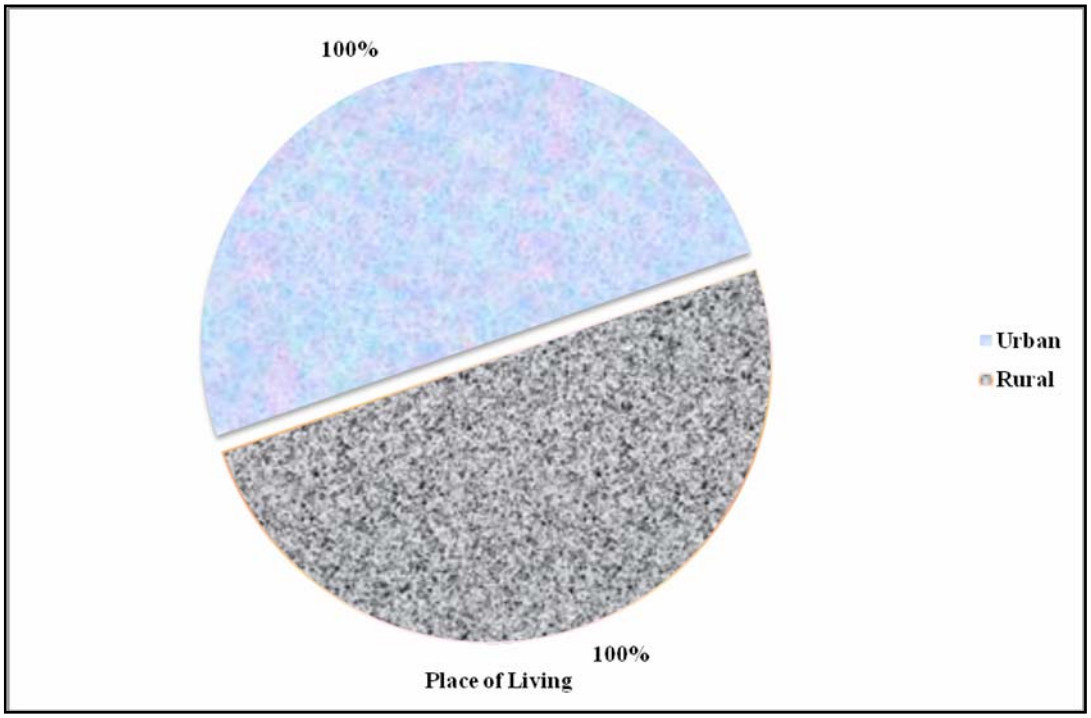


Table 2

b) (i) Knowledge regarding child abuse in urban mothers.

(N = 50)

Knowledge	Frequency	Percentage (%)
Adequate	34	62
Moderately Adequate	16	32
Inadequate	0	0

Table 2 shows that there are 16(32%) urban samples had moderately adequate knowledge and 34(68%) had adequate knowledge and none of them in inadequate knowledge regarding child abuse.

Fig 14 : Distribution of Urban samples according to the knowledge regarding child abuse

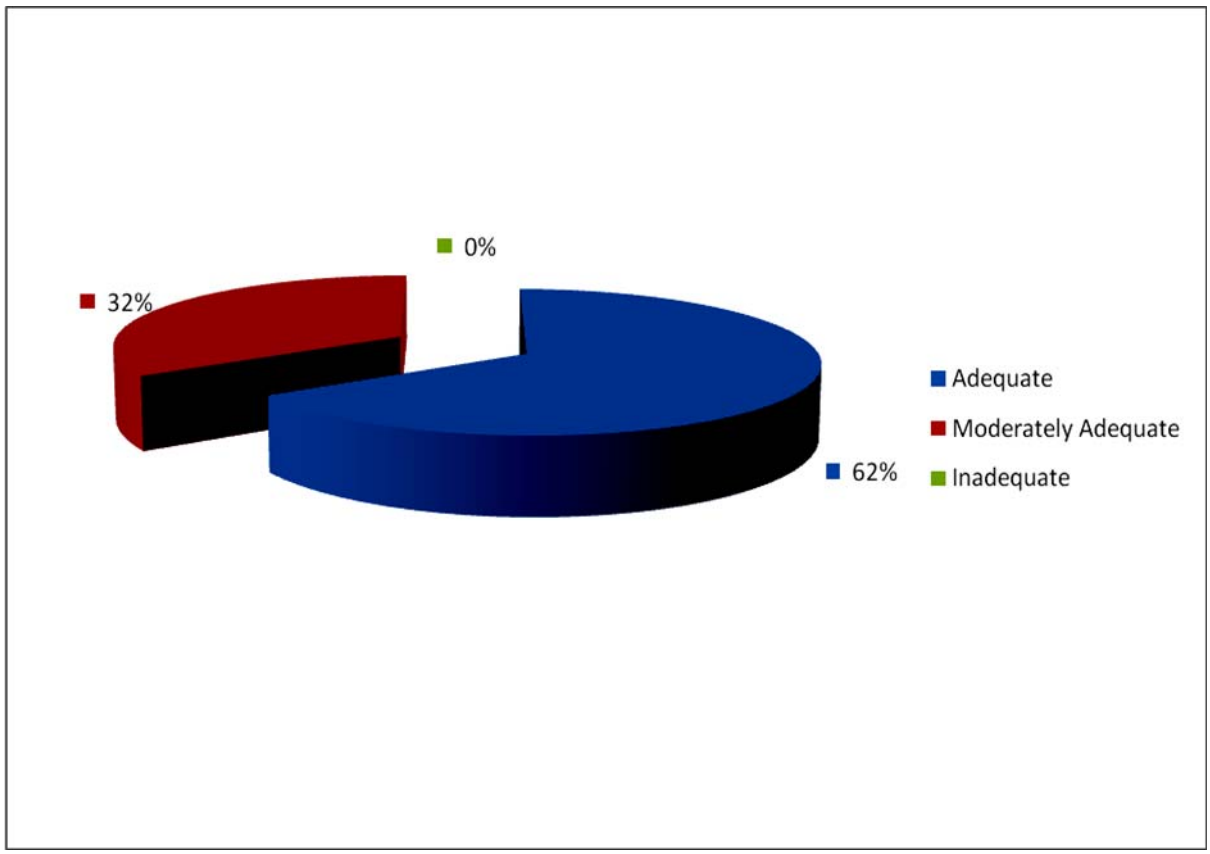


Table 3

b) (ii) Knowledge regarding child abuse in urban mothers based on its classification

(N-50)

Child Abuse	Inadequate knowledge		Moderately adequate knowledge		Adequate knowledge	
	f	%	f	%	f	%
Physical abuse	0	0	6	12	14	28
Sexual abuse	0	0	8	16	10	20
Emotional abuse	0	0	2	4	3	6

Table 3 shows that there are 6(12%) urban samples had moderately adequate knowledge, 14(28%) had adequate knowledge regarding physical abuse and 8(16%) had moderately adequate knowledge 10(20%) had adequate knowledge regarding sexual abuse and 2(4%) had moderately adequate knowledge, 3(6%) had adequate knowledge regarding child emotional abuse. None of them had inadequate knowledge based on classifications of child abuse.

Fig : 15 Knowledge regarding child abuse in urban mothers based on its classification

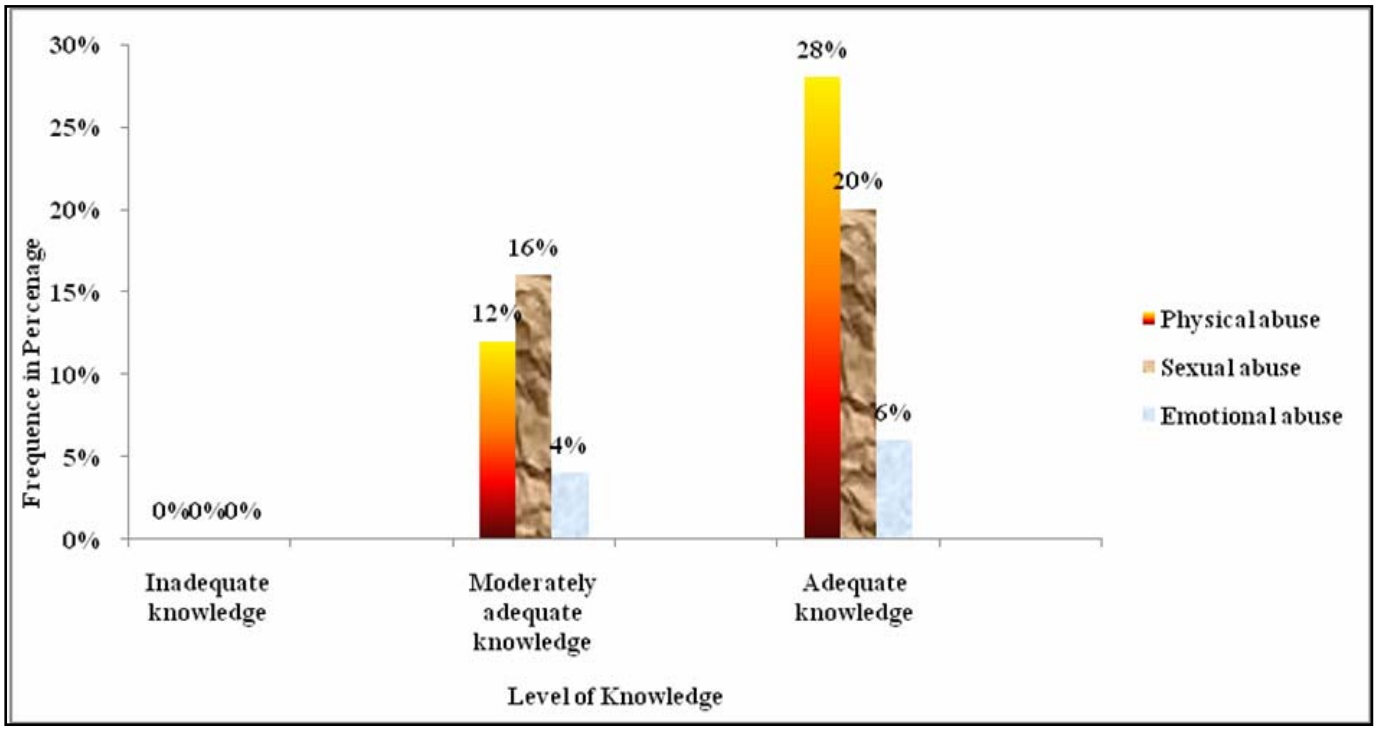


Table 4

c) (i) Knowledge regarding child abuse in rural mothers.

(N =50)

Knowledge	Frequency	Percentage (%)
Adequate	22	44
Moderately Adequate	19	38
Inadequate	9	18

Table 4 shows the 22(44%) rural sample had adequate knowledge, 19(38%) had moderately adequate knowledge and 9(18%) had inadequate knowledge regarding child abuse.

Fig 16 : Distribution of Rural samples according to the knowledge regarding child abuse

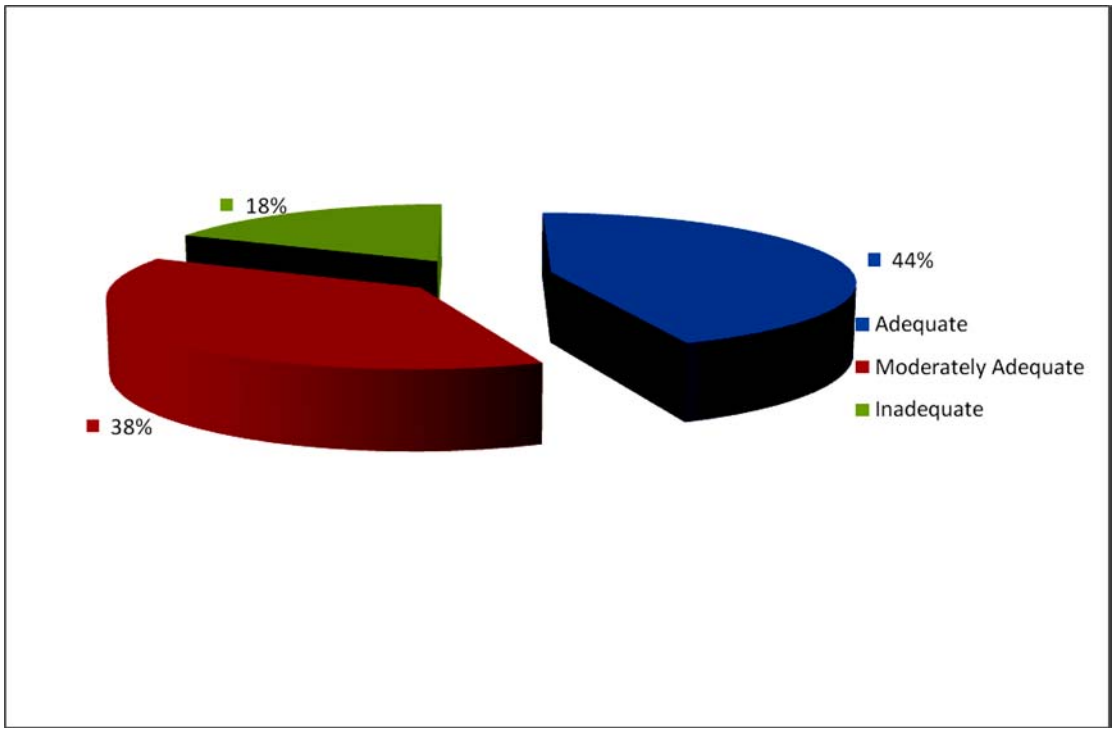


Table 5

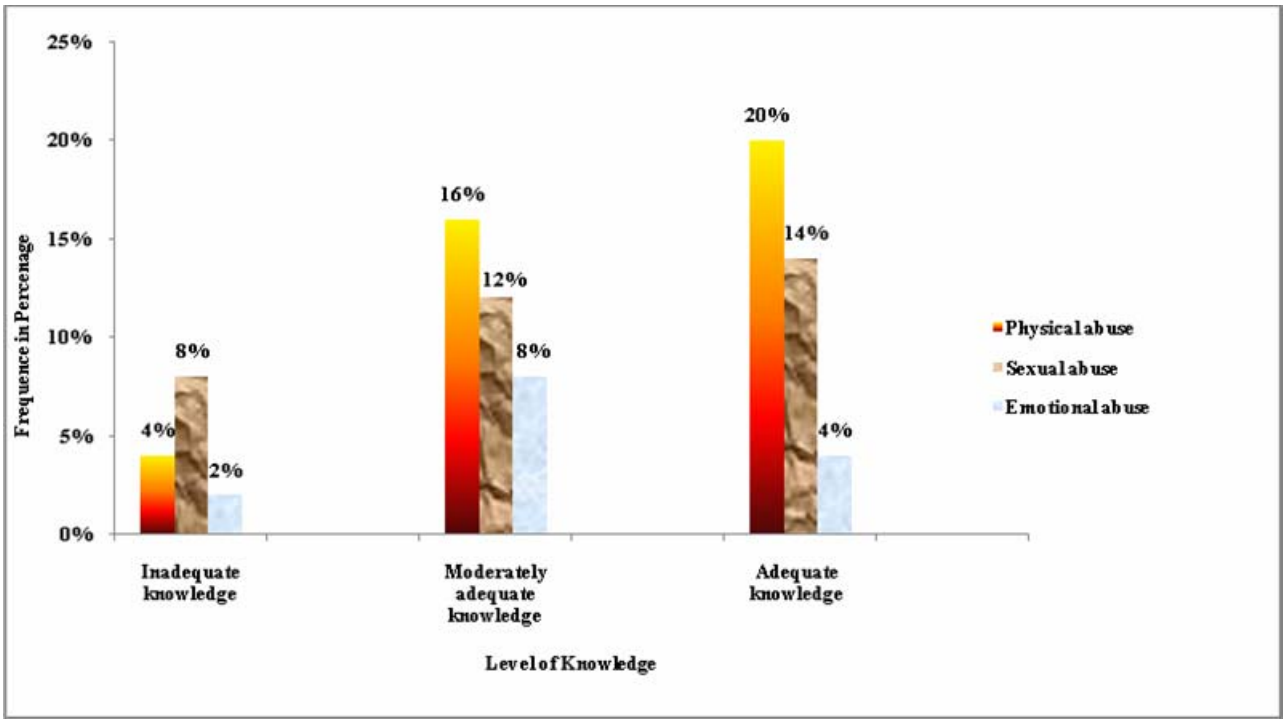
C) (ii) Knowledge regarding child abuse in rural mothers based on its classification.

(N-50)

Child Abuse	Inadequate knowledge		Moderately adequate knowledge		Adequate knowledge	
	f	%	f	%	f	%
Physical abuse	2	4	8	16	10	20
Sexual abuse	4	8	6	12	5	10
Emotional abuse	1	2	4	8	2	4

Table 5 shows that there are 2(4%) rural samples had inadequate knowledge, 8(16%) had moderately adequate knowledge, 10(20%) had adequate knowledge regarding physical abuse and 4(8%) had inadequate knowledge 6(12%) had moderately adequate knowledge and 5(10%) had adequate knowledge regarding sexual abuse and 1(2%) had adequate knowledge, 4(8%) had moderately adequate knowledge, 2(4%) had adequate knowledge regarding emotional abuse.

Fig : 17 Knowledge regarding child abuse in rural mothers based on its classification.



SECTION II

Table-6

a) Frequency Distribution of Knowledge regarding child abuse among urban mothers according to the selected demographic variables .

(N = 50)

Sl. No	Demographic Variable	Inadequate knowledge		Moderately Adequate knowledge		Adequate knowledge	
		Frequency	%	Frequency	%	Frequency	%
1	**Age of the Mother**						
	19-25 years	0	0	4	8	9	18
	26-30 years	0	0	9	18	11	22
	31-35 years	0	0	1	2	12	24
	Above 35 years	0	0	2	4	3	6
2	**Sex of the child**						
	Male	0	0	7	14	22	44
	Female	0	0	9	18	12	24
3	**Family income**						
	< Rs.2,000/-	0	0	0	0	3	6
	Rs. 2001-5000	0	0	7	14	13	26
	Rs. 5001-10000	0	0	7	14	16	32
	>Rs. 10000	0	0	1	2	3	6
4	**Mother's Education**						
	Illiterate	0	0	2	4	6	12
	Primary Education	0	0	5	10	10	20

	Secondary Education	0	0	4	8	7	14
	Undergraduate	0	0	7	14	4	8
	Postgraduate	0	0	1	2	1	2
5	**Family Status**						
	Organized	0	0	11	22	5	10
	Disorganized	0	0	5	10	7	14
6	**Mother's occupation**						
	House maker	0	0	2	4	4	8
	Govt. Employer	0	0	4	8	10	20
	Non Govt. Employer	0	0	8	16	14	28
	Self Employer	0	0	2	4	6	12
7	**Mother's religion**						
	Hindu	0	0	9	18	15	30
	Christian	0	0	3	6	10	20
	Muslim	0	0	4	8	9	18
8	**Types of family**						
	Nuclear	0	0	9	18	22	44
	Joint	0	0	6	12	11	22
	Extended	0	0	1	2	1	2
9	**Source of previous knowledge**						
	TV	0	0	10	20	21	42
	Radio	0	0	3	6	6	12
	News paper	0	0	2	4	7	14
	Books and Journals	0	0	1	2	0	0

10	**No. of children**						
	One	0	0	4	8	11	22
	Two	0	0	6	12	13	26
	Three	0	0	6	12	8	16
	Above four	0	0	0	0	2	4
11	**Birth order**						
	First child	0	0	6	12	13	26
	Second child	0	0	8	16	13	26
	Third child	0	0	1	2	7	14
	Fourth child	0	0	1	2	1	2
12	**Place of living**						
	Urban	0	0	16	32	34	68

Tables 6 shows that among urban mothers in 19-25 years 4(8%) had moderately adequate knowledge, 9(18%) had adequate knowledge, in 26-30 years, mothers 9(18%) had moderately adequate knowledge, 11(22%) had adequate knowledge. In 31-35 years, 1(2%) had moderately adequate knowledge, 12 (24%) had adequate knowledge. In above 35 years mothers 2(4%) had moderately adequate knowledge, 3(6%) had adequate knowledge.

Among male child 7(14%) had moderately adequate knowledge, 9(18) had adequate knowledge, in female child 9 (18%) had moderately adequate knowledge, 12 (24%) had adequate knowledge. Majority of the illiterate mothers 2(4%) had moderately adequate knowledge, 6(12%) had adequate knowledge, 5(10%) mothers with primary education had moderately adequate knowledge, 10 (20%) had adequate knowledge. 4(8%) mothers with secondary education has moderately adequate

knowledge, 7 (14%) had adequate knowledge. 7(14%) mothers with under graduate education had moderately adequate knowledge, 4(8%) had adequate knowledge.

Mothers who are organized family 11 (22%) had moderately adequate knowledge, 5(10%) had adequate knowledge. In disorganized family 5(10%) had moderately adequate knowledge, 7(14%) had adequate knowledge. Majority of the mothers in house maker 2(4%) had moderately adequate knowledge, 4(8%) had adequate knowledge. 4(8%) mothers of Govt. Employee had moderately adequate knowledge, 10(20%) had adequate knowledge, 8(16%) mothers of non Govt. Employee had moderately adequate knowledge, 14(28%) had adequate knowledge. Most of the mothers gained previous knowledge about child abuse through TV and newspapers.

Table - 7

b) Frequency Distribution of Knowledge regarding child abuse among rural mothers according to the selected demographic variables

(N = 50)

Sl. No	Demographic Variable	Inadequate knowledge		Moderately Adequate knowledge		Adequate knowledge	
		Frequency	%	Frequency	%	Frequency	%
1	**Age of the Mother**						
	19-25 years	3	6	1	2	3	6
	26-30 years	1	2	13	26	7	14
	31-35 years	4	8	6	12	8	16
	Above 35 years	1	2	2	4	1	2
2	**Sex of the child**						
	Male	4	8	12	24	10	20
	Female	5	10	10	20	9	18
3	**Family income**						
	< Rs.2,000/-	2	4	6	12	5	10
	Rs. 2001-5000	5	10	11	22	8	16
	Rs. 5001-10000	2	4	3	6	5	10
	>Rs. 10000	0	0	2	4	1	2
4	**Mother's Education**						
	Illiterate	1	2	8	16	6	12
	Primary Education	4	8	8	16	12	24
	Secondary Education	2	4	5	10	0	0
	Undergraduate	2	4	1	2	1	2
	Postgraduate	0	0	0	0	0	0

5	**Family Status**						
	Organized	6	12	8	16	13	26
	Disorganized	3	6	14	28	6	12
6	**Mother's occupation**						0
	House maker	4	8	8	16	9	18
	Govt. Employer	2	4	6	12	3	6
	Non Govt. Employer	3	6	3	6	3	6
	Self Employer	0	0	5	10	4	8
7	**Mother's religion**						
	Hindu	6	12	14	28	14	28
	Christian	2	4	3	6	4	8
	Muslim	1	2	5	10	1	2
8	**Types of family**						
	Nuclear	6	12	15	30	11	22
	Joint	1	2	3	6	7	14
	Extended	2	4	4	8	1	2
9	**Source of previous knowledge**						
	TV	3	6	10	20	11	22
	Radio	2	4	2	4	3	6
	News paper	3	6	7	14	4	8
	Books and Journals	1	2	3	6	1	2
10	**No. of children**						
	One	3	6	8	16	7	14
	Two	5	10	9	18	6	12
	Three	0	0	5	10	6	12

	Above four	1	2	0	0	0	0
11	**Birth order**						
	First child	2	4	5	10	5	10
	Second child	3	6	12	24	8	16
	Third child	3	6	5	10	5	10
	Fourth child	1	2	0	0	1	2
12	**Place of living**						
	Rural	9	18	19	38	22	44

Tables 7 shows that among rural mothers in 19-25 years 1(2%) has moderately adequate knowledge, 3(6%) had adequate knowledge and 3(6%) has inadequate knowledge, in 26-30 years, 13(26%) had moderately adequate knowledge 7(14%) had adequate knowledge, 1(2%) has inadequate knowledge. In 31-35 years, 4(8%) had adequate knowledge, 6(12%%) had moderately adequate knowledge, 8(16%) has adequate knowledge. In above 35 years 1(2%) had adequate knowledge, 2(4%) had moderately adequate knowledge, 1(2%) had inadequate knowledge.

Among male child 12(24%) had moderately adequate knowledge, 10(20%) had adequate knowledge, 4(8%) had inadequate knowledge. Majority of the illiterate mother 8(16%) had moderately adequate knowledge, 8(16%) had adequate knowledge, 1(2%) had inadequate knowledge. 8(16%) mothers with primary education had moderately adequate knowledge, 8(16%) had adequate knowledge, 4(8%) had inadequate knowledge. 12(14%) mothers in secondary education had moderately adequate knowledge, 5 (10%) had adequate knowledge, 2(4%) had inadequate knowledge. 1(2%) mother with under graduate

education has moderately adequate knowledge and adequate knowledge, 2(4%) has inadequate knowledge.

Mothers who are organized family 8 (16%) had moderately adequate knowledge, 13(26%) had adequate knowledge, 6(12%) had inadequate knowledge. In disorganized family 14(28%) had moderately adequate knowledge, 6(12%) had adequate knowledge, 3(6%) had inadequate knowledge. Majority of the mothers in house maker 8(16%) had moderately adequate knowledge, 9(18%) had adequate knowledge, 4(8%) had inadequate knowledge. 6(12%) mothers of Govt. Employee had moderately adequate knowledge, 3(6%) had adequate knowledge, 2(4%) had inadequate knowledge. 3(6%) mothers of non Govt. Employee had moderately adequate knowledge and adequate knowledge, 3(6%) had inadequate knowledge. Most of the mothers gain previous knowledge about child abuse through TV and newspaper.

Fig.No.18. Frequency distribution of knowledge regarding child abuse of sample according to Family income

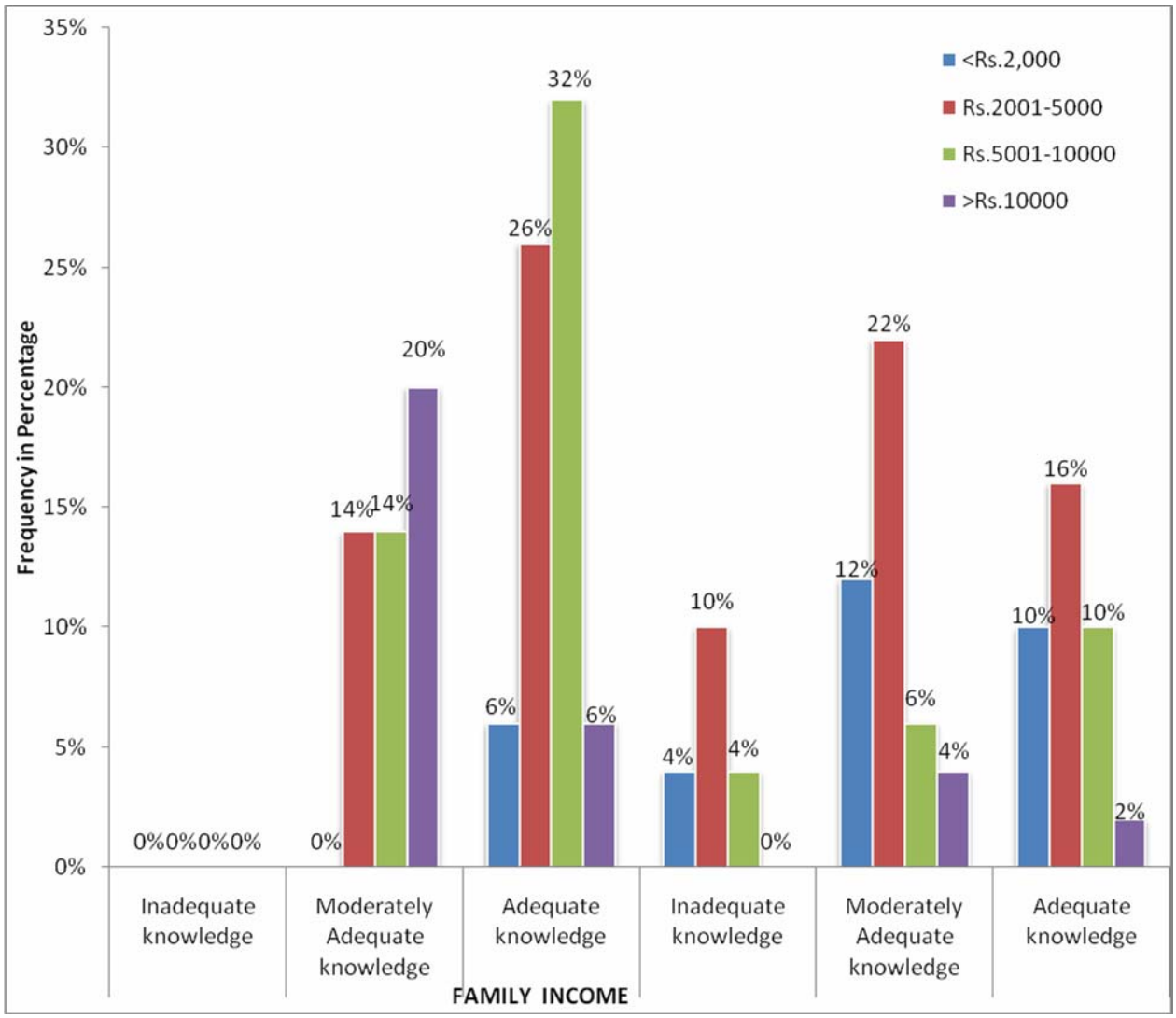


Fig.No.19.Frequency distribution of knowledge regarding child abuse of sample according to mothers education

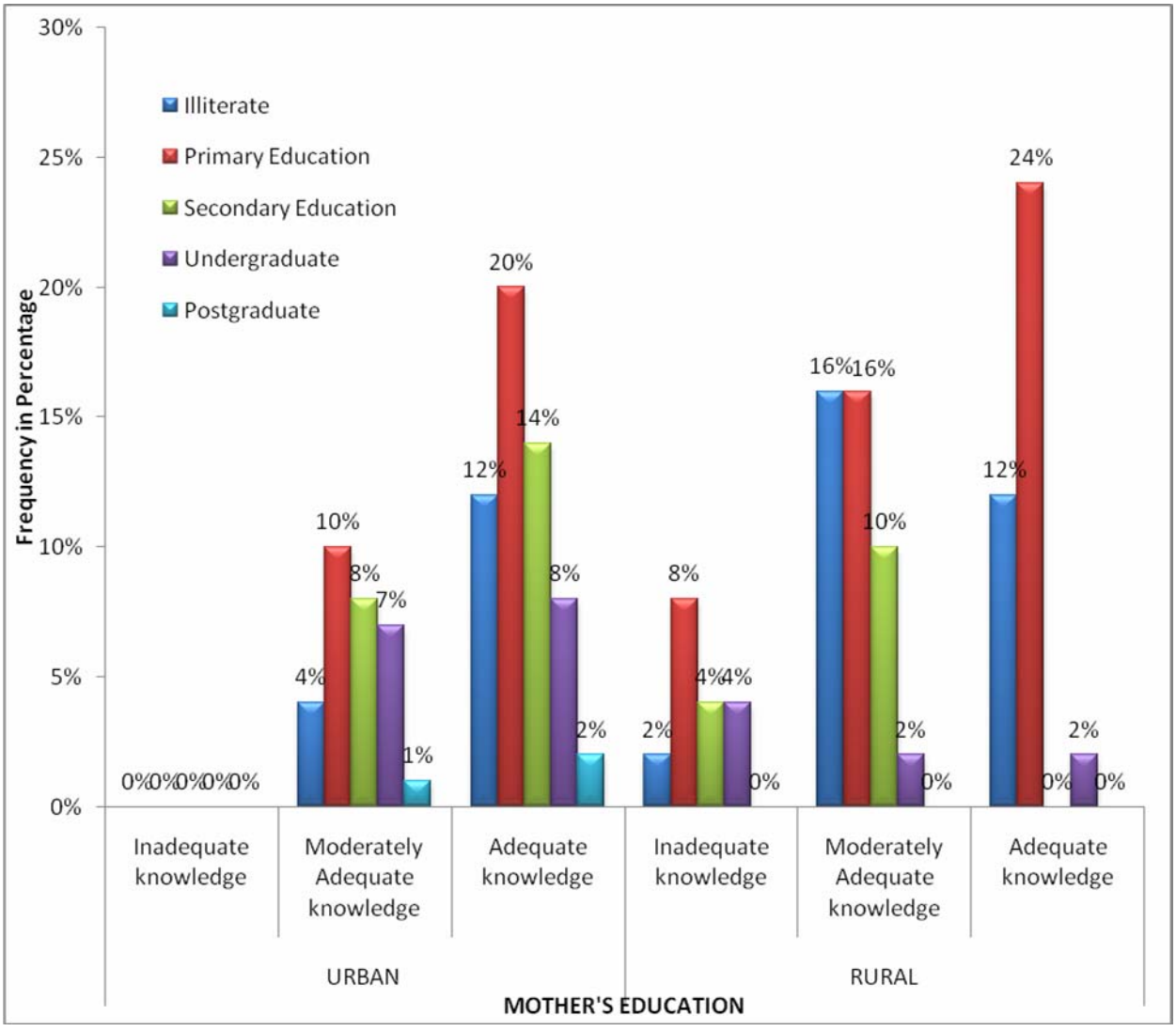


Fig.No.20. Frequency distribution of knowledge regarding child abuse of sample according to family status.

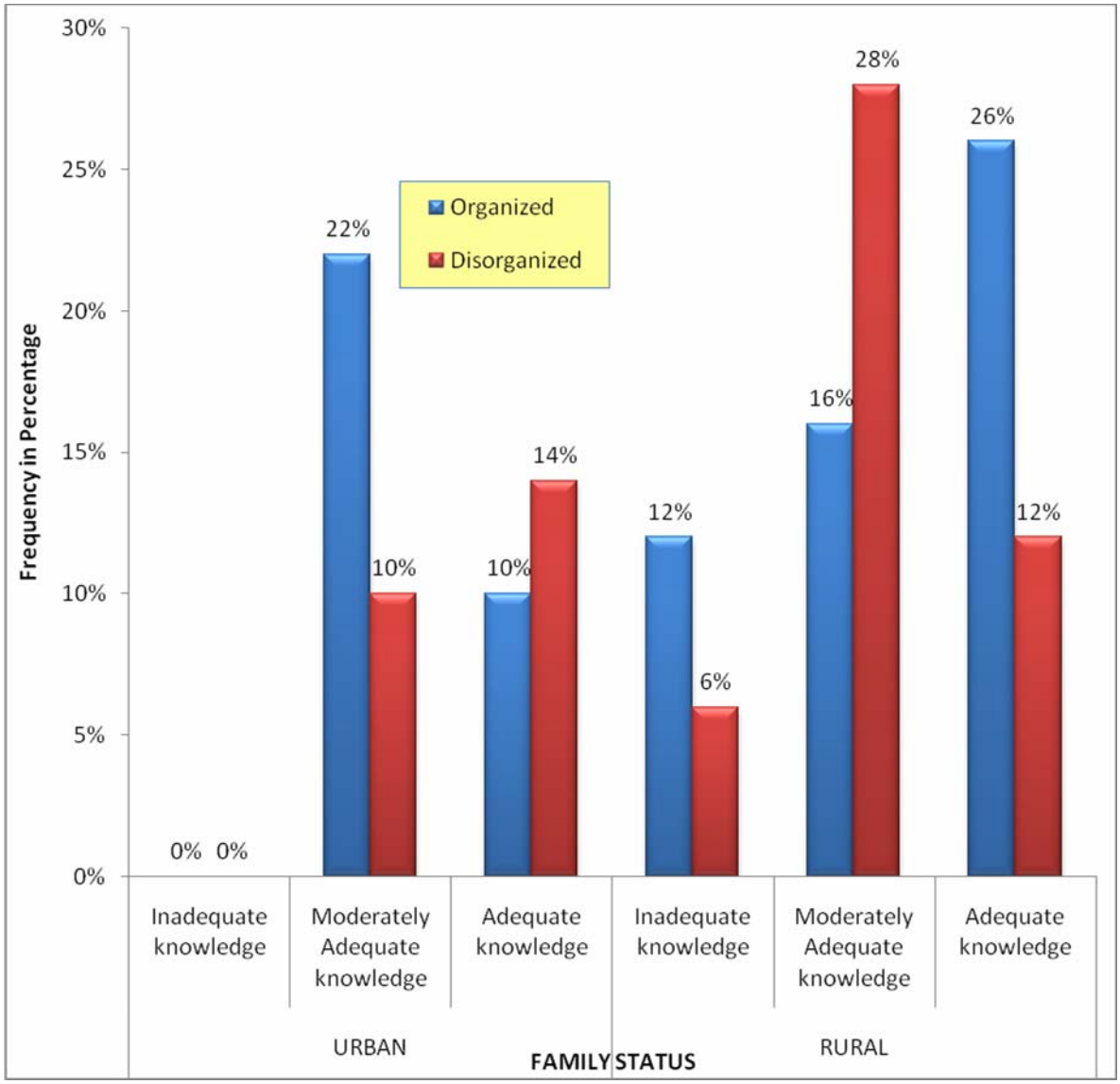


Fig.No.21.Frequency distribution of knowledge regarding child abuse of sample according to mother's occupation

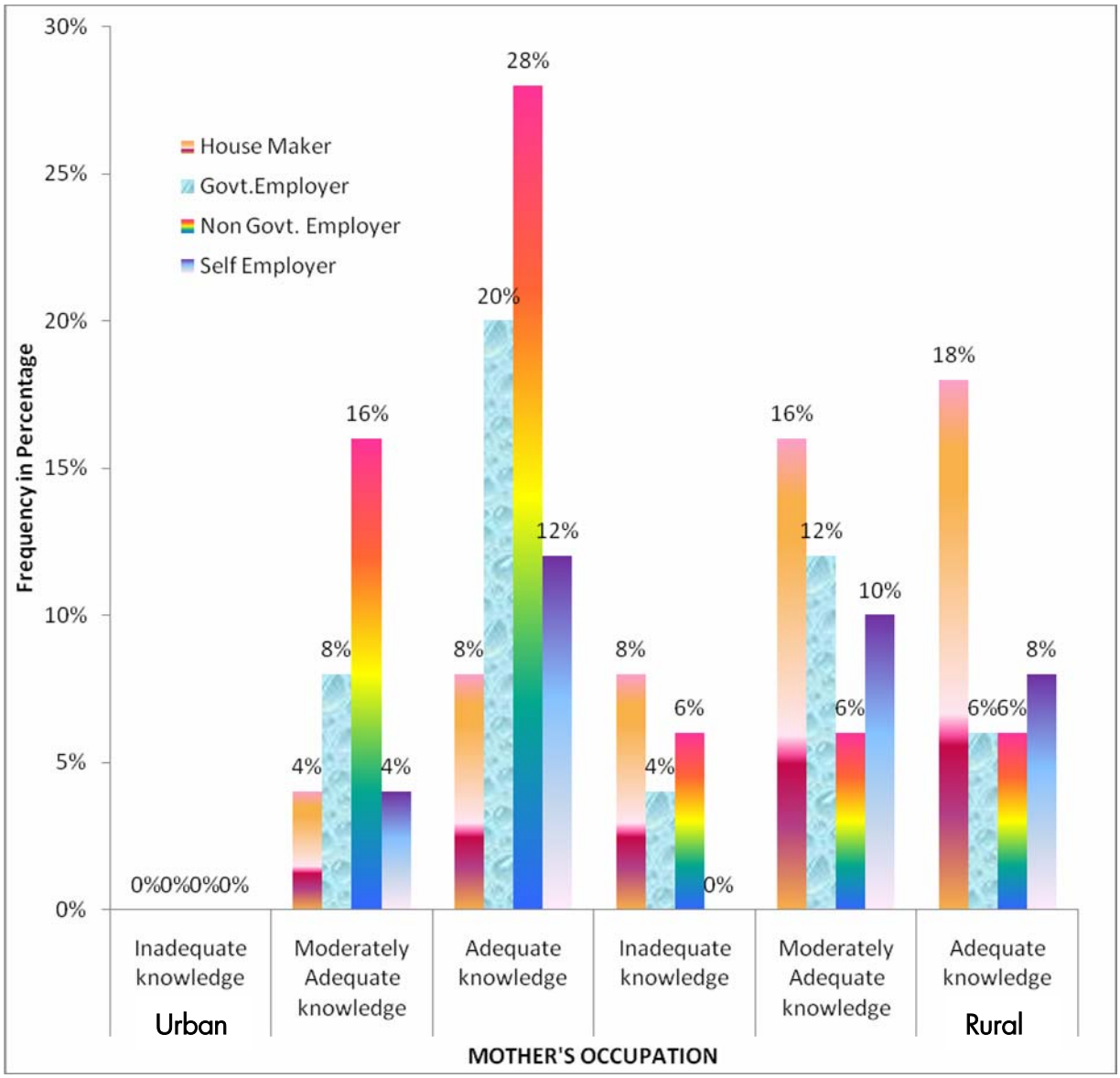


Fig.No.22.Frequency distribution of Knowledge regarding Child abuse of sample according To mother's religion

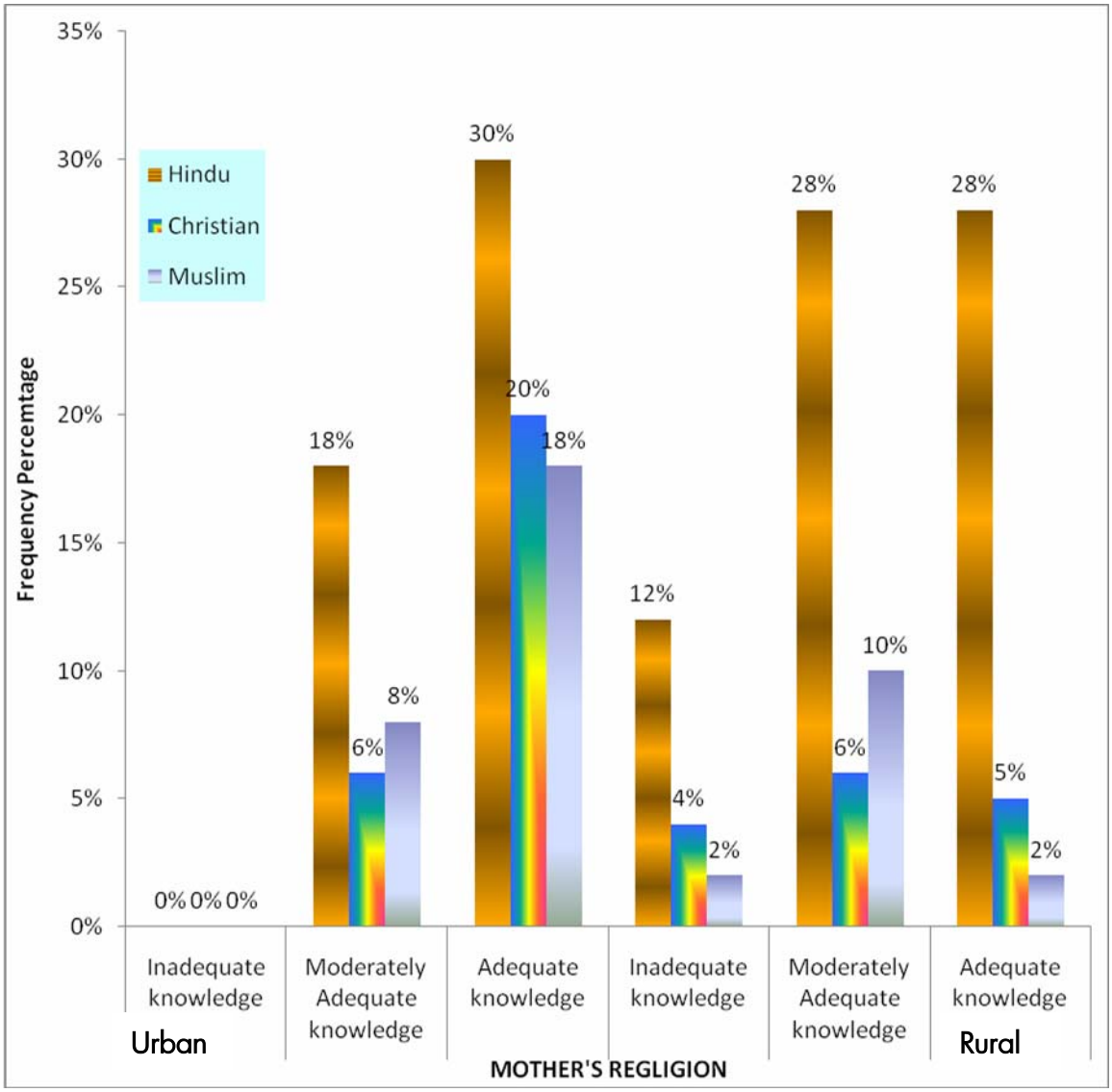
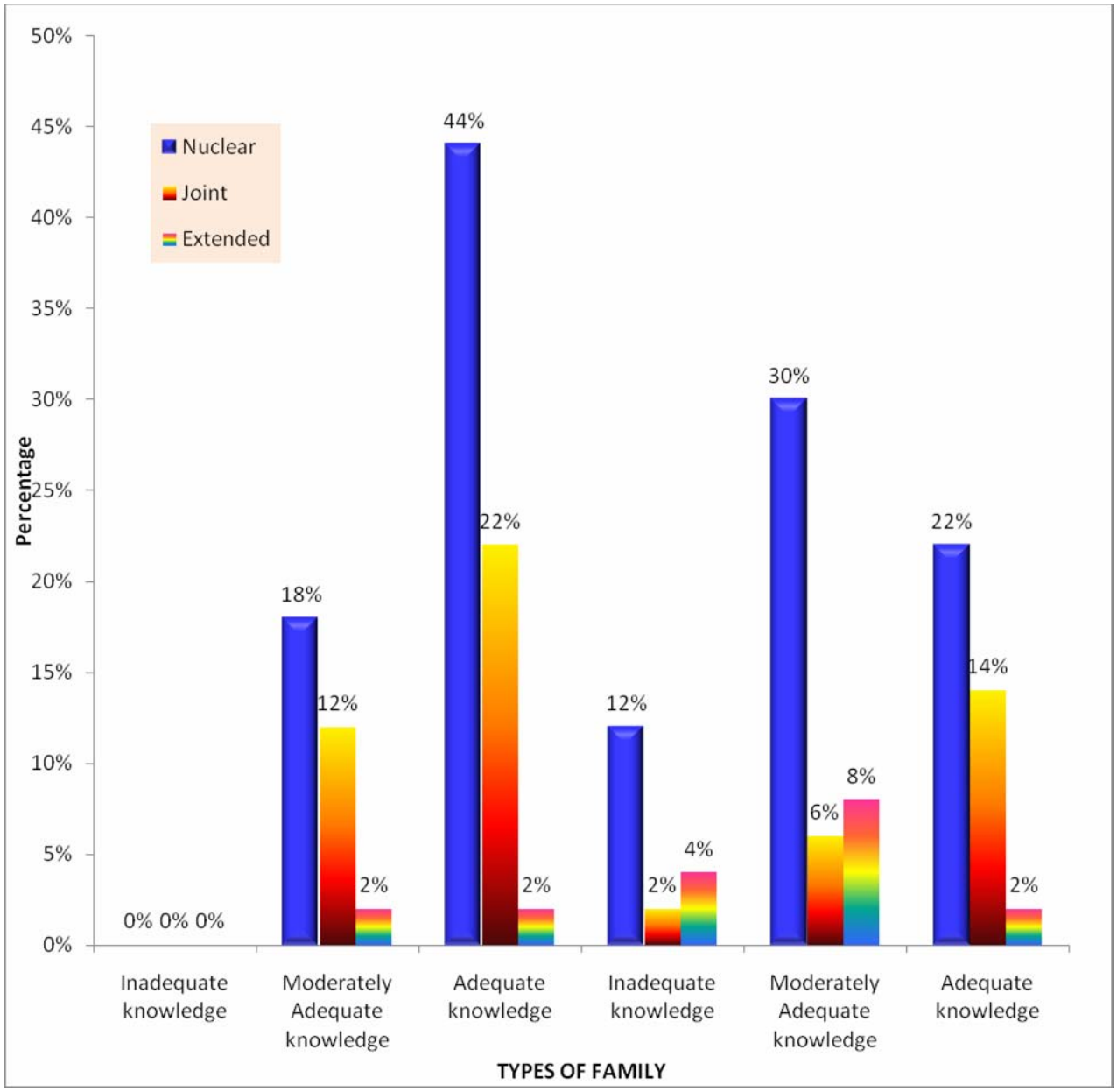


Fig.No.23.Frequency distribution of knowledge regarding child abuse of sam Urban rding to types of family Rural



SECTION- III

Table - 8

Comparison of knowledge regarding child abuse among urban and rural mothers

Sl. No	Level of knowledge	N	Mean	Standard Deviation	t – value	Statistical Result
1	Urban	50	28	4	6.54	Significant
2	Rural	50	22	7		

❖ Significant at 0.05. level ($P < 0.05$)

The table 8 shows that there is highly significance different in the knowledge regarding child abuse score between in urban and rural mother.

SECTION – IV

Table – 9

a) Association between knowledge regarding child abuse and the selected demographic variables in urban mothers.

Sl. No	Demographic Variable	Frequency in urban mother N = 50			Chi-Square (χ^2)
		Inadequate Knowledge	Moderately Adequate knowledge	Adequate knowledge	
1	**Age of the Mother**				
	19-25 years	0	4	9	
	26-30 years	0	9	11	***22.25**
	31-35 years	0	1	12	
	Above 35 years	0	2	3	
2	**Sex of the child**				
	Male	0	7	22	**#1.94**
	Female	0	9	12	
3	**Family income**				
	< Rs.2,000/-	0	0	3	
	Rs. 2001-5000	0	7	13	**#4.68**
	Rs. 5001-1000	0	7	16	
	>Rs. 10000	0	1	3	
4	**Mother's Education**				***19.91**
	Illiterate	0	2	6	

	Primary Education	0	5	10	
	Secondary Education	0	4	7	
	Undergraduate	0	7	4	
	Postgraduate	0	1	1	
5	**Family Status**				
	Organized	0	11	5	**#1.89**
	Disorganized	0	5	7	
6	**Mother's occupation**				
	House maker	0	2	4	
	Govt. Employer	0	4	10	**#3.40**
	Non Govt. Employer	0	8	14	
	Self Employer	0	2	6	
7	**Mother's religion**				
	Hindu	0	9	15	***12.03**
	Christian	0	3	10	
	Muslim	0	4	9	
8	**Types of family**				
	Nuclear	0	9	22	**#3.86**
	Joint	0	6	11	
	Extended	0	1	1	
9	**Source of previous knowledge**				***9.55**
	TV	0	10	21	
	Radio	0	3	6	
	News paper	0	2	7	

	Books and Journals	0	1	0	

10	**No. of children**				
	One	0	4	11	
	Two	0	6	13	**#1.76**
	Three	0	6	8	
	Above four	0	0	2	
11	**Birth order**				
	First child	0	6	13	
	Second child	0	8	13	**#10.16**
	Third child	0	1	7	
	Fourth child	0	1	1	
12	**Place of living**				
	Urban	0	16	34	**0**
	Rural	0	0	0	

*** Significant**

 # Not significant

Table 9 shows there is a significant association between knowledge of child abuse and the selected demographic variables such as age, religion, education and source of previous knowledge among the urban mothers. This table also shows there is no association between sex, family income, family status, occupation, type of family, number of children and birth order in urban mother.

Table - 10

b) Association between knowledge regarding child abuse and the selected demographic variables in rural mothers.

N = 50

Sl. No	Demographic Variable	Inadequate knowledge	Moderately Adequate knowledge	Adequate knowledge	Chi-Square (χ^2)
1	**Age of the Mother**				
	19-25 years	3	1	3	**#3.22**
	26-30 years	1	13	7	
	31-35 years	4	6	8	
	Above 35 years	1	2	1	
2	**Sex of the child**				
	Male	4	12	10	**#3.09**
	Female	5	10	9	
3	**Family income**				
	< Rs.2,000/-	2	6	5	
	Rs. 2001-5000	5	11	8	**#5.39**
	Rs. 5001-1000	2	3	5	
	>Rs. 10000	0	2	1	
4	**Mother's Education**				**#2.95**
	Illiterate	1	8	6	
	Primary Education	4	8	12	

	Secondary Education	2	5	0	
	Undergraduate	2	1	1	
	Postgraduate	0	0	0	
5	**Family Status**				
	Organized	6	8	13	**#0.94**
	Disorganized	3	14	6	
6	**Mother's occupation**				
	House maker	4	8	9	
	Govt. Employer	2	6	3	***27.55**
	Non Govt. Employer	3	3	3	
	Self Employer	0	5	4	
7	**Mother's religion**				
	Hindu	6	14	14	**#3.2**
	Christian	2	3	4	
	Muslim	1	5	1	
8	**Types of family**				
	Nuclear	6	15	11	***10.07**
	Joint	1	3	7	
	Extended	2	4	1	
9	**Source of previous knowledge**				**#10.33**
	TV	3	10	11	
	Radio	2	2	3	

	News paper	3	7	4	
	Books and Journals	1	3	1	
10	**No. of children**				
	One	3	8	7	***18.31**
	Two	5	9	6	
	Three	0	5	6	
	Above four	1	0	0	
11	**Birth order**				
	First child	2	5	5	**#4.55**
	Second child	3	12	8	
	Third child	3	5	5	
	Fourth child	1	0	1	
12	**Place of living**				
	Urban				**0**
	Rural	9	19	22	

*** Significant**

 # Not significant

Table 10 shows there is a significant association between knowledge of child abuse and the selected demographic variables such as occupation, types of family and number of children. This table also shows there is no association between sex, family income, family status, age, religion, education and source of previous knowledge and birth order in rural mothers.

CHAPTER - V

DISCUSSION

The aim of the study is to assess the knowledge regarding child abuse among rural and urban mothers. This study is a comparative study. This study was conducted in urban and rural area at Sivagangai District. The sample size was 50 each.

The result obtained from the descriptive and inferential statistics were design in this chapter with reference to objective, the frame work and hypothesis of this study.

Objectives–1: To assess the existing level of knowledge regarding child abuse among urban mothers.

A descriptive strategies (Frequency and percentage) was used to analyse the knowledge regarding child abuse among rural mothers. Table 2 shows that 22(44%) of rural mothers fall in the category of adequate knowledge, 19(38%) with moderately adequate knowledge and 9(18%) with inadequate knowledge.

Table 3 shows that there are 6(12%) urban samples had moderately adequate knowledge, 14(28%) had adequate knowledge regarding physical abuse and 8(16%) had moderately adequate knowledge 10(20%) had adequate knowledge regarding sexual abuse and 2(4%) had moderately adequate knowledge, 3(6%) had adequate knowledge regarding child emotional abuse.

The study was supported by **Rolfe. K et.al., (2002).** The used sample of 152 mothers, in aged 18-30 years. The study to determine the knowledge of mothers about child abuse. The result reveal that mothers who were having the children more likely to get knowledge in child abuse.

Objectives-2: To assess the existing level of knowledge regarding child abuse among rural mothers.

Table 4 shows that 34(68%) of urban mothers fall in the category of adequate knowledge, 16(32%) with moderately adequate knowledge and none of them with inadequate knowledge.

Table 5 shows that there are 2(4%) rural samples had inadequate knowledge, 8(16%) had moderately adequate knowledge, 10(20%) had adequate knowledge regarding physical abuse and 4(8%) had inadequate knowledge 6(12%) had moderately adequate knowledge and 5(10%) had adequate knowledge regarding sexual abuse and 1(2%) had adequate knowledge, 4(8%) had moderately adequate knowledge, 2(4%) had adequate knowledge regarding emotional abuse.

The researcher found that urban mothers have more knowledge regarding child abuse than rural mothers.

The similar study was done in Turkey by Iyons R et al., (2001) to assess the level of knowledge and prevalence of child abuse in selected urban area. The result reveals that urban mothers have adequate knowledge.

Objectives-3: To find out the difference between urban and rural mothers knowledge regarding child abuse.

The null hypothesis (Ho_1) There will be a significant difference in knowledge regarding child abuse between urban and rural mothers.

The t-test was used to find the differential knowledge of child abuse among urban and rural mothers and it was found that there is a significant difference (t=6.64) between urban and rural mothers (Table 6) regarding knowledge of child abuse. Therefore here the investigator reject the null hypothesis (Ho_1) and accept the research hypothesis.

Above study was supported by Ozkanli C et al., to find out the difference of knowledge about child abuse in adolescent boys than girls. The boys have more knowledge than girls. The result reveals that the knowledge based on the shows of exposure.

Objectives-4: To find out the association between awareness of urban mothers regarding child abuse and their demographic variables such as age of mothers, Sex of the child, family income, education, family status, occupation, religion, type of family, knowledge gained through media, number of children's in the family, birth order of the children and place of living.

The null hypothesis (Ho_2) for this objectives There will be a significant association between awareness of urban mothers regarding child abuse and demographic variables such as age of mothers, Sex of the child, family income, education, family status, occupation, religion, type

of family, knowledge gained through media, number of children's in the family, birth order of the children and place of living.

The chi-square was used to find the association between knowledge regarding child abuse among urban mothers and the demographic variables. The results show that there is a significant association between knowledge with age ($\chi 2 = 22.25$), education ($\chi 2 = 19.91$), religion ($\chi 2 = 12.03$) and previous knowledge gain through ($\chi 2 = 9.57$) in urban mothers.

It was found that there is no association between knowledge regarding child abuse and variables such as sex, family income, family status, occupation, type of family, number of children and birth order.

Objectives-5: To find out the association between awareness of rural mothers regarding child abuse and their demographic variables such as age of mothers, Sex of the child, family income, education, family status, occupation, religion, type of family, knowledge gain through media, number of children's in the family, birth order of the children and place of living.

The null hypothesis (Ho_2) for this objectives There will be a significant association between awareness of rural mothers regarding child abuse and demographic variables such as age of mothers, Sex of the child, family income, education, family status, occupation, religion, type of family, knowledge gain through media, number of children's in the family, birth order of the children and place of living.

The chi-square was used to find the association between knowledge regarding child abuse among rural mothers and the demographic variables. The results showed that there is a significant association between knowledge with occupation ($\chi 2 = 27.55$), type of family ($\chi 2 = 10.07$) and number of children ($\chi 2 = 18.37$) in rural mothers.

It was found that there is no association between knowledge regarding child abuse and variables such as age, sex, income, education, family status, religion, previous knowledge and birth order.

CHAPTER - VI

SUMMARY AND RECOMMENDATION

This chapter presents the summary, major findings, implications, recommendation of the study and conclusion.

SUMMARY

Child abuse and Neglect is significant community problem. Exact cause of child abuse is not known it is thought to the due to interaction of three primary factors, sociocultural believe, the child and parental factors abuse, which are associated with a wide range of emotional problems and psychiatric symptoms including anxiety, aggressive behaviour, post traumatic stress disorders, depressive disorders and suicidal behaviour. Parents and mothers have too lack of awareness about child abuse.

Therefore this study was done to assess the knowledge regarding child abuse among urban and rural mothers, with an aim to create awareness of child abuse among mothers through health education.

A review of related literature enabled the investigator to develop conceptual framework, methodology for the study and plan for analysis of the study in an effective and efficient way.

A semi structural knowledge questionnaire was developed for assessing the knowledge of mothers regarding child abuse in Annasalai, Manamadurai and Kalpiravu were selected as setting of the study. Convenient samples were selected for this study i.e. 50 from each area. The tool was administered to each sample and data were collected.

Based on objective and hypothesis the data were analysed using both descriptive and inferential statistics. Descriptive statistics used were frequency and percentage. Graphical representation such as bar and pie diagram were made. Inferential statistics such as student's 't' test, chi - square and Karl pearson's 'r' were computed to test the hypothesis. The level of significant for testing hypothesis was 0.05.

MAJOR FINDINGS OF THE STUDY

1. considering urban mothers, 34 (62%) of them had adequate knowledge, 16 (32%) of them had moderately adequate knowledge and none of them had inadequate knowledge.

2. With regards to urban mothers 6 (12%) of them had moderately adequate knowledge, 14 (28%) had adequate knowledge about physical abuse and 8 (16%) had moderately adequate knowledge 10 (20%) had adequate knowledge about sexual abuse and 2(4%) had moderately adequate knowledge, 3 (6%) had adequate knowledge about child emotional abuse.

3. With reference to rural mothers 22 (44%) of them had adequate knowledge, 19 (38%) of them had moderately adequate knowledge and 9% of them had inadequate knowledge.

4. With regards to rural mothers 2 (4%) of them fall under the category of inadequate knowledge, 8 (16%) had moderately adequate knowledge, 10 (20%) had adequate knowledge regarding physical abuse and 4 (8%) had inadequate knowledge 6 (12%) had moderately adequate knowledge and 5 (10%) had adequate knowledge regarding sexual abuse and 1 (2%) had adequate

knowledge, 4 (8%) had moderately adequate knowledge, 2 (4%) had adequate knowledge regarding emotional abuse.

5. There is a significant difference in knowledge regarding child abuse among urban and rural mothers.

6. There is a significant association between knowledge regarding child abuse among urban and selected demographic variables such as age, religion, education and previous knowledge gain through.

7. There was a significant association between knowledge regarding child abuse among rural and selected demographic variables such as occupation, type of family and number of children.

DELIMITATION

1. The extraneous variables like mother's age, sex of the child, family income, family status, mothers occupation, religion, education, previous knowledge gain through, type of family, number of children and birth order were investigator is control.
2. Due to time constraints only 50 samples from each urban and rural mother. Therefore generalization is limited.

IMPLICATIONS

Children's are frequent victims of abuse because there are small and relatively powerless. So it is important to arrange for health education program for all the mother. So that it will be helpful for the mother to maintained good relationship and caring their child. The findings of the study have implication in various areas nursing such as nursing practice, education, administration and research.

Nursing Practice

The findings suggest that there is a need for regular health education programme to be carried out by the nursing personnel. As a care provided nurse play an major role in planning and implementing effective health education programme for them.

Counseling centre may be organized by nurse in the community to provide counseling and educate public on child abuse. It is the responsibility of the nurse to teach the mothers about child abuse and prevention of their practice.

The mothers may not be aware the child abuse so the health education must focus on the causative factors such as unemployment, poor socioeconomic status, poverty, substance abuse and unwanted child and evidence of child abuse, such as bite marks and also should seek counseling. The nurse educated should focus on preventive measure of child abuse than therapeutic measures.

Nursing Education

Education helps the individual to learn new things and thereby play and important role in changing behaviour of the learner. Therefore nurse need to equip themselves with the knowledge regarding child abuse. During basic nursing education, student nurse can be assign to identify common abuse in child. Nurse at post graduate level need to develop skill in preparing materials for health education to mothers regarding child abuse and preventive measures according to mothers level of understanding.

Nursing Administration

The nurse administrator should plan to organize educational programme for nursing personal regarding child abuse so that it will be helpful for them to impart knowledge to children. Nurse administrator should motivate nursing personnel to participate and conduct health education programme and inservious programme on child abuse. The nurse administrator should plan to organize school health programme and camp for children.

Nursing Research

There is a need for nursing research in the area of child abuse as little is known about the prevalence, identification, specific nursing care as per an preventing strategies of child abuse among mother in India. Similarly, therapeutic intervention based on the study findings can be provided. Nurse researcher should focus on conducting research to find knowledge regarding child abuse and should involve mothers in the study to identify their role in the children's productions. Nurse researcher should also conduct the research and provide health education for mothers. So that it will be helpful for them in later year.

RECOMMENDATIONS

On the basis of the findings of the study, it is recommended that,

1. A similar study may be replicated on large samples with different demographic variables.
2. A similar study may be conducted to assess the knowledge, attitude and behaviour of mothers regarding child abuse.
3. The study can done among adolescents to evaluate their knowledge regarding child abuse

4. A study may be conducted to identify the effectiveness of structure teaching programme in modifying of mothers behaviours on child abuse.
5. A similar comparative study can be conducted to find the prevalence of child abuse in urban and rural mothers.
6. A study can be done to assess the effect of child abuse among health care provider.
7. A study can be done to assess the knowledge regarding child protection acts among health care provider.

CONCLUSIONS

"Ring the bells that can still ring
Forget your perfect offering
There is a crack everything
That's how the light gets in"
(Cohen, 1956)

Abuse has immediate as well as long-term effects on the child, from emotional and behavioural problems to abnormal sexual behaviour and psychiatric disorders. Suicidal tendencies and drug abuse are some of the common long-term effects. Abuse leaves a deep emotional scar in children because of the secret act done by the adults. This pushes the child into a psychological trap leading to the emergence of guilt feelings about the abuser, the victim and the act. In many cases, child abuse leads to serious emotional disturbances during adulthood. Child abuse as violence against children, which presupposes violation of right of children, needs to be dealt with appropriate legislations, policy support and programmatic actions. The capacity building and sensitization about different forms of child abuse amongst children particularly school age children to extremely necessary. Children need to be encouraged to share information and also oriented about the different avenues they could

reach incase if abusive situation. It is equality important to inform parents and other in the household about the nature and gravity of this problem. Better child care practices in family situations can take care of this issue to a great extent. Awareness through relevant communication materials and media campaigns on child rights and child protection are required to be undertaken to lead a healthy life.

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ONLINE ADDRESS

www. kids first fund.org

www. prevent child abuse .org

www. child help.org

www. child abuse commission .org

www. child abuse effect.com

www. right health .com

www.pubmed.com

www.medscaps.com

www.medline.com

www.google.com

www.yahoo.com

www.kurtoo.com

APPENDIX- I

LETTER SEEKING PERMISSION TO CONDUCT STUDY

To

Respected Sir/madam,

Sub: Matha College of Nursing, Manamadurai – Dissertation work of M.Sc. Nursing student, in selected area

I am to state that Mrs. R. Meera is one of our final years M.Sc. Nursing student, Matha College of Nursing, Manamadurai has to conduct a research project, as the partial fulfillment of university requirements for the degree of Master of Science in Nursing.

The statement of the problem is:

"A study to compare the Awareness of mothers regarding child abuse in selected rural and urban areas at Sivagangai District, Tamilnadu."

I request you to kindly permit her to do the research in your esteemed institution and give your valuable guidance and suggestions.

Thanking you,

Place: Manamadurai yours faithfully

Date:

Prof. Mrs. Jebamani Augustine

M.Sc (N), Principal.

APPENDIX – II

LETTER SEEKING EXPERT'S OPENION FOR CONTENT VALIDITY OF TOOL

From

Mrs. R. Meera,
M.Sc Nursing II Year,
Matha College Of Nursing,
Manamadurai.

To

Respected Madam/Sir.

Sub: Requesting opinion and suggestion for content validity of tool.

I am a final year Master Degree Nursing student in Matha College of Nursing, Manamadurai. In partial fulfillment of master degree in Nursing I have selected the topic given below, for the Research Project to be submitted to Dr. MGR Medical University, Chennai.

Problem statement: **"A study to compare the Awareness of mothers regarding child abuse in selected rural and urban areas at Sivagangai District, Tamilnadu."**

I request you to kindly validate the tool and give your expert opinion for the necessary modification and I would be happy if you could refine the problem statement, the objectives and the questionnaire.

I have enclosed the following with this letter,

1. Problem statement, Objectives of the study, Demographic Performa,
2. Tool-I –Questionnaire to assess the knowledge of school children regarding child abuse.
3. Plan teaching module regarding child abuse.

Thanking you with anticipation.

Place: Manamadurai Yours sincerely,

Date:

R. Meera

APPENDIX- III

LIST OF EXPERTS

1. **Dr. Prabhakar Navamani M.D, D.Ch.,**
   Navamani Child Speciality Hospital,
   Madurai,
   Tamilnadu.

2. **Prof. Mrs. Shrine,**
   HOD Pediatric Nursing,
   Shagunthala College of Nursing,
   Trichy.

3. **Prof. Mrs. Helen Rajamanikam,**
   HOD Community Health Nursing,
   Matha College of Nursing,
   Manamadurai.

4. **Prof. Mrs. Jebamani Augustine M.Sc., (N) RN.RM,**
   Principal, HOD Medical Surgical Nursing,
   Matha College of Nursing,
   Manamadurai.

5. **Prof. Mrs. Shabera Banu, M.Sc., (N),**
   Vice Principal, HOD Maternity Nursing,
   Matha College of Nursing,
   Manamadurai.

6. **Prof. Mrs. Kalai Guru Selvi M.Sc., (N),**
   Addl. Vice Principal, HOD Pediatric Nursing,
   Matha College of Nursing,
   Manamadurai.

APPENDIX – IV

SECTION – I

Demographic Data

1) Age of the mother

   a) 19-25 years
   b) 26-30 years
   c) 30-35 years
   d) above 35 years

2) Sex of the children

   a) Male
   b) Female

3) Family income

   a) Below Rs. 2000 per month

   b) Rs. 2001 – 5000 per month

   c) Rs. 5001 – 10000 per month

   d) above Rs. 10000 per month

4) Educational status

   a) Illiterate
   b) Primary education up to 10^{th} std
   c) Secondary education up to 12std
   d) Under Graduate
   e) Post Graduate

5) Family status

   a) Organized family
   b) Disorganized family

6) Occupation

a) House maker
b) Government employee
c) Non – Government employee
d) Self employee

7) Religion

a) Hindu
b) Muslim
c) Christian

8) Type of family

a) Nuclear
b) Joint family
c) Extended family

9) Previous knowledge gain through

a) Television
b) Radio
c) News paper
d) Books and Journals

10) Number of children in the Family

a) 1children
b) 2 childrens
3) 3 childrens
4) 4 childrens & above

11)Birth order of child

a) First child
b) Second child
c) Third child
d) Fourth child and above

12)Place of living

a) Urban
b) Rural

தனி நபரின் புள்ளி விபரம்

பகுதி - அ

1. தாயின் வயது

   அ) 19 - 25 வயது
   ஆ) 26 - 30 வயது
   இ) 30 - 35 வயது
   ஈ) 35 வயதுக்கு மேல்

2. குழந்தையின் பாலினம்

   அ) ஆண்
   ஆ) பெண்

3. குடும்ப வருமானம்

   அ) மாதம் ரூ. 2000 க்கும் குறைவாக

   ஆ) மாதம் ரூ. 2001 - 5000 க்குள்

   இ) மாதம் ரூ. 5001 - 10000 க்குள்

   ஈ) மாதம் ரூ. 10000க்கு மேல்

4. தாயின் கல்வித் தகுதி

   அ) வீட்டைப் பராமரிப்பவர்
   ஆ) முதல் நிலை கல்வி
   இ) இரண்டாம் நிலைக் கல்வி
   ஈ) பட்ட படிப்பு
   உ) பட்ட மேற்படிப்பு

5. குடும்பத்தின் நிலை

   அ) ஒருங்கிணைந்த குடும்பம்
   ஆ) பிரிந்த குடும்பம்

6. தாயின் தொழில்

   அ) வீட்டைப் மேம்படுத்துபவர்
   ஆ) அரசாங்க தொழில்
   இ) தனியார் தொழில்
   ஈ) சுய தொழில்

7. தாயின் இனம்

அ) இந்து
ஆ) முஸ்லீம்
இ) கிறிஸ்தவர்

8. குடும்பத்தின் வகை

அ)தனிக் குடும்பம்
ஆ) கூட்டுக் குடும்பம்
இ) விரிவாக்கப்பட்ட குடும்பம்

9. குழந்தை வதை பற்றி முன் அனுபவம் அறிந்த முறை

அ) தொலைக்காட்சி

ஆ) வானொலி

இ) செய்திகள்

ஈ) நூல்கள் மற்றும் வார இதழ்கள்

10. குழந்தையின் எண்ணிக்கை

அ) ஒரு குழந்தை
ஆ) இரண்டு குழந்தை
இ) மூன்று குழந்தை
ஈ) நான்கு குழந்தைக்கு மேல்

11. பிறப்பு வரிசை

அ) முதல் குழந்தை
ஆ) இரண்டாம் குழந்தை
இ) மூன்றாம் குழந்தை
ஈ) நான்காம் குழந்தை மற்றும் அதற்கு மேல்

12. வசிப்பிடம்

அ) நகரம்
ஆ) கிராமம்

SECTION - II

Questionnaires to assess the awareness of child abuse

KNOWLEDGE ABOUT CHILD ABUSE

1. What is child abuse?
   a) Caring the child
   b) Protected the child from harm
   c) Maltreatment of children by Parents, Guardians, other caretaker, neighbors and strangers
   d) Accidental physical injury of a child ( )

2. What are the causes of child abuse?
   a) Poverty ,unemployment, substance abuse and poor housing
   b) High self esteem
   c) Healthy environment
   d) Safe Parenthood relationship ( )

3. What are the types of child abuse?
   a) Physical, emotional and sexual abuse
   b) Alcohol abuse, drug abuse
   c) Drug abuse, substance abuse
   d) Substance abuse, Alcohol abuse ( )

4. Who are the possible child abusers?
   a) Mentally healthy person
   b) Parents, siblings, relatives and neighbors
   c) Person with good emotional liability
   d) Person with good moral values ( )

5. Which type of parents abuses their children?
   a) Parents who is socially isolated, substance abuse parents and authoritarian
   b) Parent with good moral and spiritual value
   c) Parents with family support
   d) Authoritative parents ( )

6. What are the social cultural factor which may tigger child abuse?
    a) Economically stable
    b) Poverty, unemployment, alcohol abuse and poor housing
    c) Healthy environment
    d) Good parents child relationship ( )

7. Which of the following qualities in a parent is a risk factor for child abuse?
    a) Maturity
    b) High self esteem
    c) Substance abuse
    d) Good impulse control ( )

8. What are the child producing stresses which may tigger child abuse?
    a) Parent with single child
    b) Mentally healthy person
    c) Girl baby, Premature infant and foster child
    d) Child with active and good behaviour ( )

9. What are the parents producing stresses which may tigger child abuse?
    a) Parent with happy childhood experience
    b) Awareness of child rearing practice by parents
    c) High self esteem
    d) Depression, disappointment over the sex of the infant and unrealistic expectation. ( )

10. What are the consequence of child abuse?
    a) High self esteem
    b) Excessive Happiness
    c) Esteem affection with parents
    d) Affects child’s psychological development ( )

PHYSICAL ABUSE

11. What is physical abuse?
    a) Having sexual intercourse with the child
    b) Any non – accidental physical injury to a child
    c) Palming the child
    d) Child prostitution ( )

12. What are the forms of physical abuse?
    a) Punching, slapping or hitting
    b) Physical contact with child genitals
    c) Shows affection and caring the child
    d) Belittling and shaming a child ( )

13. What may be the suggestive behaviour of the physical neglect child
    a) Looks very happy
    b) Inactive, excessively passive and absenteeism from school
    c) Very active
    d) Over achievement in academic activity ( )

14. If you suspect physical abuse, what are the possible physical signs?
    a) Bite marks ,laceration, bruises, fracture and burns
    b) Good personal hygiene
    c) Well Nourished
    d) Looks very happy ( )

15. Which type of mother's are at an increased risks to physically abuse their child?
    a) Physically abused by their husbands
    b) Maintaining good relationship with husbands
    c) Having social support
    d) Having family support ( )

16. Physical abuse is more common among which type of children?
    a) Matured child
    b) Children of alcoholies, physically handicapped, mentally retarded and unwanted children
    c) Children from organized families
    d) Affectionated children ( )

17. How to prevent the physical abuse?
    a) Providing trauma – focused cognitive behavioural therapy
    b) Attending child – Guidance clinics
    c) Providing recreation therapy
    d) By nutritional therapy ( )

SEXUAL ABUSE

18. What is sexual abuse?
    a) Beating the child
    b) Punching the child
    c) Fondling a child's genitals, incest, intercourse and rape
    d) Exposure to electric shock ( )

19. What are the types of sexual abuse?
    a) Shaking the child
    b) Child prostitution, exhibitionism and incest
    c) Kicking the child
    d) Punishing and slapping the child ( )

20. If you suspect the child sexually abused, what may be the possible sign?
    a) Generalized oedema
    b) Recurrent urinary tract infection, bleeding and laceration of external Gentials
    c) Bed wetting
    d) High self – esteem ( )

21. Which type of children are usually prone to sexual abuse?
    a) Child who is unprotected by her family members
    b) Child belonging to organized family
    c) Child belonging to literate parents who are able to understand the effect of abuse on their child.
    d) Child who is protected by her family members ( )

22. What are the suggestive behaviours of children's with child sexual abuse?
    a) Maintaining good relationship with parents
    b) Avoid playing and going to school
    c) Good relationship with peers
    d) Good academic performance ( )

23. What may be the reason for father daughter incest?
    a) Healthy mother
    b) Absence of mother at home and alcohol abuse father
    c) Adequate family support and safe parenthood
    d) Non abusive parent with caring children ( )

24. Who are usual targets of sexual abusers?
    a) Affectionate and outgoing nature children
    b) Shy and less communicate
    c) Scareful nature
    d) Good communication with others ( )

25. Long – term effects on a sexually abused child include?
    a) Develop trust in others
    b) Suicidal tendency
    c) Healthy eating and sleep habits
    d) Over achieving at school ( )

26. If you suspect a child is being sexually abused, what action will you take?
    a) Blames the child
    b) Scolding the child
    c) Punishing the child
    d) Report to proper local authorities, friends or pediatrician. ( )

27. What is the different between the sexual touch and normal touch?
    a) Hand on Hand
    b) Shaking hand
    c) Make child to sit on lap
    d) Touching sensitive area i.e., Genitals, breast ( )

28. Sex education which involves?
    a) Educate about peer group relationship
    b) Brother and sister relationship
    c) Physiologic facts of reproduction, menstruation, fertilization and pregnancy.
    d) Father – daughter relationship ( )

29. How to protect the child from sexual abuse?
    a) Sex education
    b) Behavioural therapy
    c) Play therapy
    d) Adjustment therapy ( )

EMOTIONAL ABUSE

30. What is emotional abuse?
    a) A systemic diminishment of another
    b) Sex crime
    c) Alcohol abuse
    d) Self punishment ( )

31. What are the causes of emotional abuse?
    a) Over protection and punishment with child by parents
    b) Caring the child
    c) Non accidental injury
    d) Affectionate parents ( )

32. What are the physical sign of emotional abuse?
    a) Frequent injury
    b) Failure to thrive
    c) Bruises and walts on body parts
    d) Difficulty in walking and sitting ( )

33. What are the behavioural patterns of emotional abuser?
    a) Interest to play with peer good
    b) To maintain personnel hygiene
    c) Active participation in school
    d) Suicide attempts, antisocial behaviour and fearfulness ( )

34. How to identify the emotional abuse?
    a) Self stimulatory behaviors such as biting, sucking
    b) Burns
    c) Superficial relationship
    d) Unusual odour in the genital area ( )

35. What are the consequence of emotional abuse?
    a) Psychological aggression
    b) Kicking other
    c) Eating disorder
    d) Active participation ( )

பகுதி - ஆ

குழந்தைவதை

1. குழந்தை வதை என்றால் என்ன?

அ) குழந்தையை பராமரித்தல்
ஆ) ஆபத்தில் இருந்து குழந்தையை பாதுகாத்தல்
இ) பெற்றோர், பாதுடகாவலர் மற்றும் உறிவினர்களால் கொடுமைப்படுத்தல்
ஈ) குழுந்தைகளுக்கு விபத்தினால் ஏற்படும் ஆபத்து ( )

2. குழந்தை வதைக்கு காரணம் என்ன?

அ) ஏழ்மை, வேலையின்மை, போதை பழக்கம் மற்றும், பாதுகாப்பற்ற வீடு
ஆ) சுய மறியாதை
இ) சுகாதாரமான சுற்றுச்சூழல்
ஈ) பாதுகாப்பாக பெற்றோர் குழந்தை உறவு ( )

3. குழந்தை வதையின் வகைகள் என்ன?

அ) உடலியல், மனரீதியியல் மற்றும் பாலியல் வதை
ஆ) மது குடித்தல் மற்றும் மருந்து பொருளுக்கு அடிமையாதல்
இ) மருந்து பொருள் மற்றும் போதை பொருள் உட்கொள்ளுதல்
ஈ) போதை மற்றும் மதுக்கு அடிமையாதல் ( )

4. குழந்தை வதைக்கு காரணமானோர் யார் யார்?

அ) மன ஆரோக்கியமான மனிதர்கள்
ஆ) பெற்றோர், உடன் பிறந்தோர், உறவினர்கள் மற்றும் அண்டை வீட்டார்
இ) மற்றவர் மனதை புரிந்து கொள்பவர்
ஈ) நல்லொழுக்கம் கொண்டவர் ( )

5. குழந்தை வதைக்கு காரணமான பெற்றோர் யார்?

அ) சமுதாயத்தால் ஒதுக்கப்பட்டோர், போதைக் அடிமையானோர், கடின உள்ளம் கொண்டோர்
ஆ) நல்லொழுக்கம் மற்றும் கடவுள் பக்தி கொண்ட பெற்றோர்.
இ) குடும்ப ஒத்துழைப்பு கொண்ட பெற்றோர்
ஈ) நல்ல உள்ளம் கொண்ட பெற்றோர். ( )

6. குழந்தை வதைக்கு முக்கிய சமுதாய கலாச்சார காரணி என்ன?

அ) நல்ல பொருளாதார நிலை கொண்ட குடும்பம்
ஆ) ஏழ்மை, வேலையின்மை, போதைப் பழகக்கம், பாதுகாப்பற்ற வீடு
இ) சுகாதாரமான சுற்றுச் சூழல்
ஈ) சுமூக பெற்றோர் குழந்தை உறவு ( )

7. கீழ்க்கண்டவற்றுள் குழந்தை வதைக்கு எந்த தகுதியுடைய பெற்றோர் முக்கிய காரணம்
அ) முழு வளர்ச்சி
ஆ) அதிக தன்னம்பிக்கை
இ) போதை பொருள் அடிமை
ஈ) தன்னடக்கம் ( )

8. குழந்தை வதைக்கு குழந்தைகளால் ஏற்படும் மன அழுத்தம் என்ன?

அ) ஒரு குழந்தை உள்ள பெற்றோர்
ஆ) ஆரோக்கியமான மனநிலை உள்ள பெற்றோர்
இ) பெண் குழந்தை, குறை பிரசவக் குழந்தை மற்றும் தத்துக் குழந்தை
ஈ) நல்லொழுக்கம் மற்றும் ஆரோக்கயமான குழந்தை ( )

9. குழந்தை வதைக்கு காரணமான பெற்றோர்களால் ஏற்படும் மன அழுத்தம் என்ன?

அ) மன மகிழ்ச்சி உடைய குழந்தை பருவம் கொண்ட பெற்றோர்.
ஆ) குழந்தை வளர்ப்பு முறை அறிந்த பெற்றோர்
இ) அதிக தன்னம்பிக்கை கொண்ட பெற்றோர்
ஈ) மன சோர்வு, இனம் ஏமாற்றம் கொண்ட பெற்றோர் (ஆண் அல்லது பெண்) ( )

10. குழந்தை வதையின் விளைவு என்ன?

அ) அதிக தன்னம்பிக்கை
ஆ) அபரிவிதமான நம்பிக்கை
இ) பெற்றோரிடம் அதிக பற்று
ஈ) குழந்தையின் மன வளர்ச்சி பாதிப்பு ( )

உடலியல் வதை

11. உடலியல் வதை என்றால் என்ன?

அ) குழந்தைகளிடம் தவறான உடலுறவு கொள்ளுதல்
ஆ) காரணம் இல்லாமல் இருக்கும் உடல் காயம்
இ) ஆரோக்கியமான குழந்தை
ஈ) குழந்தை விபச்சாரம் ( )

12. உடலியல்வதையின் வகைகள் என்ன?

அ) கிள்ளுதல், அடித்தல் மற்றும் இடித்தல்
ஆ) உடலுறவு கொள்ளுதல்
இ) அதிக அரவணைப்பு மற்றும் பேணுதல்
ஈ) கிண்டல் அடித்தல் மற்றும் அவமானப் படுத்துதல் ( )

13. உடலியல் வதைக்கு உள்ளான குழந்தையின் பழகக் வழக்கம் என்ன?

அ) அதிக மகிழ்ச்சி
ஆ) சோர்வு , மனக்கவலை, மற்றவர் முன்னாள் அடித்தல் , பள்ளி பாடத்தில் கவனக்குறைவு
இ) மிகுந்த சுறுசுறுப்பு
ஈ) பள்ளிப் பாடத்தில் அதிக கவனம் ( )

14. நீங்கள் உடலியல் வதையை கண்டறிந்தால் என்னென்ன அறிகுறிகள் இருக்கும்?

அ) தழும்பு, கீரல் , எலும்பு முறிவு மற்றும் சூட்டுப்புண்
ஆ) நல்ல உடல் ஆரோக்கியம்
இ) சுத்தமான உடலவ் துாய்மை
ஈ) மிகுந்த மகிழ்ச்சி ( )

15. எந்த வகையான தாய் தன் குழந்தையை உடலியல் வதை செய்வாள்?

அ) கனவர் கொடுமை கொண்ட தாய்
ஆ) கணவரிடம் நல்ல உறவு கொண்ட தாய்
இ) சமுதாய ஒத்துழைப்பு கொண்ட தாய்
ஈ) நல்ல குடும்ப ஒத்துழைப்பு கொண்ட தாய் ( )

16. உடலியல் வதைக்கு அதிகம் உட்படும் குழந்தை யார்?

அ) மன ஆரோக்கியம் கொண்ட குழந்தை
ஆ) உடல் ஊனமுற்றோர், மன வளர்ச்சி குன்றிய குழந்தை மற்றும் வேண்டாத குழந்தை
இ) திட்டமிட்ட குடும்பம் கொண்ட குழந்தை
ஈ) அதிக குடும்ப பாசம் கொண்ட குழுந்தை ( )

17. உடலியல் வதையை எப்படி தடுக்கலாம்?

அ) விபத்து தடுப்பு முறை மூலம்
ஆ) பெற்றோர் குழந்தை அறிவுறை மூலம்
இ) மன மகிழ்ச்சி மன்றம் மூலம்
ஈ) உணவு வழங்குதல் மூலம் ( )

பாலியல் வதை

18. பாலியல் வதை என்றால் என்ன?
அ) குழந்தையை அடித்தல்
ஆ) குழந்தையை கிள்ளுதல்
இ) கற்பழித்தல், குழந்தையிடம் தகாத உறவு கொள்ளுதல்
ஈ) குழந்தை அதிர்ச்சிக்குள்ளாக்குதல் ( )

19. பாலியல் வதையின் வகைகள் என்ன?

அ) கை குலுக்குதல்
ஆ) குழந்தை விபச்சாரம்
இ) கட்டிப் பிடித்தல்
ஈ) குழந்தை தண்டனை மற்றும் துண்புறுத்துதல் ( )

20. நீங்கள் பாலியல் வதையை கண்டறிந்தால் என்ன அறிகுறிகள் இருக்கும்?

அ) உடல் வீக்கம்
ஆ) சிறுநீர் பாதையில் கிருமி தொற்றல், உடல்குறியில் ரத்தம் வடிதல்
இ) அதிக தன்னம்பிக்கை
ஈ) தூக்கத்தில் சிறுநீர் கழித்தல் ( )

21. எந்த வகையான குழந்தைகள் முக்கியமாக பாலியல் வதைக்கு உள்ளாகிறார்கள்?

அ) பெற்றோர் பாதுக்காப்பற்ற குழந்தைகள்
ஆ) நல்ல திட்டமிட்ட குடும்பத்தில் வளரும் குழந்தை
ஆ) படித்த, குழந்தையை புரிந்து கொண்ட பெற்றோர் உள்ள குழந்தை
ஈ) பாதுகாப்பான பெற்றோர் உள்ள குழந்தை ( )

22. பாலியல் வதைக்கு உள்ளான குழந்தைகளின் பழக்கவழக்கம் எப்படி இருக்கும்

அ) பெற்றோரிடம் அதிக நல்லுறவு
ஆ) விளையாட்டு மற்றும் பள்ளியில் ஆர்வக்குறைவு
இ) உடன் பிறந்தவரிடம் அதிக நல்லுறவு
ஈ) பள்ளிப் பாடத்தில் அதிக ஆர்வம் ( )

23. குழந்தைகளுக்கு தகப்பனாரிடம் உடலுறவு ஏற்படக் காரணம் என்ன?

அ) ஆரோக்கியமான அன்னை உள்ள குடும்பம்
ஆ) போதைக்கு அடிமையான தகப்பன்
இ) குடும்ப அரவணைப்பு கொண்ட குழந்தை
ஈ) நல்ல பாதுகாகப்பான தாய் கொண்ட குழந்தை ( )

24. எந்த மனப்பாங்கு உள்ள குழந்தைகள் பாலியல் வதைக்கு உள்ளாகிறார்கள்

அ) உலக நடவடிக்கையை புரிந்து கொண்ட குழந்தை
ஆ) அதிக வெட்கம் மற்றும் குறைந்த தொடர்பு கொண்ட குணம் உள்ள குழந்தை
இ) பயந்த சுபாபமுள்ள குழந்தை
ஈ) மற்றவரிடம் நல்ல உறவு முறை மற்றும் தொடர்பு கொண்ட குழந்தை
( )

25. பாலியல் வதைக்குள்ளான குழந்தையின் இறுதி முடிவு என்ன?

அ) மற்றவரைக் குறித்து தாகம்
ஆ) தற்கொலை முயற்சி
இ) அதிக நேரம் தூங்குதல்
ஈ) பள்ளியில் நல்ல பெயர் எடுத்தல் ( )

26. நீங்கள் பாலியல் வதையைக் கண்டறிந்தால் என்ன செய்வீர்கள்

அ) குழந்தையை குறை கூறுதல்
ஆ) குழந்தையை திட்டுதல்
இ) குழந்தையை துண்புறுத்தல்
ஈ) உடனடியாக குழந்தை குற்றவியல் தடுப்பு முகாம், குழந்தை மருத்துவர் மற்றும் நண்பர்களிடம் முறையிடுதல்

( )

27. சாதாரண தொடுதல் மற்றும் பாலியல் தொடுதலில் வேறுபடு என்ன?

அ) கைமேல் கை வைத்தல்
ஆ) கை குலுக்குதல்
இ) உணர்ச்சி அதிகமான இடத்தில் தொடுதல்
ஈ) குழந்தையை கால்மேல் உட்கார வைத்தல் ( )

28. பாலியல் கல்வி என்பது என்ன?

அ) சமவயது உறவுமுறையை கற்பித்தல்
ஆ) அண்ணன் தங்கை உறவை கற்பித்தல்
இ) பெண்களின் இன மாற்றம் மாதவிடாய் மற்றும், கருவுறுதல் பற்றி விளக்குதல்
ஈ) தந்தை மகள் உறவைப் பற்றி கற்பித்தல் ( )

29. எப்படி குழந்தையை பாலியல் வதையிலிருந்து காப்பாற்றுவது

அ) பாலியல் கல்வி அளித்தல்
ஆ) மற்றவரின் குண நலன் பற்றி கற்பித்தல்
இ) விளையாட்டு கற்பித்தல்
ஈ) ஒத்துப்போதல் பற்றி கற்பித்தல் ( )

மன வதை

30. மன வதை என்றால் என்ன?

அ) மற்றவர்கால் குழந்தைக்கு ஏற்படும் மன சோர்வு
ஆ) குழந்தையை அடித்தல்
இ) போதைக்கு அடிமையாதல்
ஈ) தன்னைத்தானே துன்புறுத்திக் கொள்ளுதல் ( )

31. மனவதையின் காரணம் என்ன?

அ) அதிக கட்டுப்பாடு கொண்ட பெற்றோர் மற்றும் அதிக தண்டனை உள்ளம் கொண்ட பெற்றோர்
ஆ) பாசம் கொண்ட பெற்றோர்
இ) தேவையற்ற உடல் காயம்
ஈ) அதிக பாதுகாப்பு உள்ளம் உள்ள பெற்றோர் ( )

32. மன வதையின் அறிகுறி என்ன?

அ) அடிக்கடி காயம் ஏற்படுதல்
ஆ) தேவையற்ற உடல் இளைப்பு
இ) உடலில் காயம் மற்றும் கொப்பளம் ஏற்படுதல்
ஈ) குழந்தையால் நடக்க முடியாமல் இருத்தல் ( )

33. மன வதைக்குள்ளான குழந்தையின் பழக்க வழக்கம் எப்படி இருக்கும்?

அ) சக தோழருடன் விளையாட அதிக ஆர்வம்
ஆ) உடலை பேனுவதில் அதிக அக்கறை
இ) பள்ளி பாடத்தில் மிகுந்த அக்கரை காட்டுதல்
ஈ) தற்கொலை முயற்சி மற்றும் சட்டத்திற்கு புரம்பான வேலையில் ஈடுபடுதல் ( )

34. மன வதையை எப்படி கண்டறிவீர்கள்

அ) நகம் கடித்தல் மற்றும் கை சப்புதல் (தானாக ஏற்படுத்திக் கொள்ளும் வேலை)
ஆ) தேவையற்ற தீக்காயம்
இ) மற்றவரிடம் நல்ல நட்புறவு
ஈ) உடலுறுப்பில் துர் நாற்றம் ஏற்படுதல் ( )

35. மன வதையின் விளைவு என்ன?

அ) ஆக்ரோசமான செயல்
ஆ) பிறரை அடித்தல் மற்றும் கடித்தல்
இ) உணவு முறையில் மாற்றம்
ஈ) தானாக செயலில் முன் வரல் ( )

KNOWLEDGE ASSESSMENT SCORE SHEET

Q. No	Answers	Score
1.	c	
2.	a	
3.	a	
4.	b	
5.	a	
6.	b	
7.	c	
8.	c	
9.	d	
10.	d	
11.	b	
12.	a	
13.	b	
14.	a	
15.	a	
16.	b	
17.	a	
18.	c	
19.	b	
20.	b	
21.	a	
22.	b	
23.	b	
24.	a	
25.	b	
26.	d	
27.	d	
28.	c	
29.	a	
30.	a	
31.	a	
32.	b	
33.	d	
34.	a	
35.	a	

APPENDIX – VII

HEALTH EDUCATION PLAN

Topic	Child abuse & Types
	Factors of child abuse
	Evidence of child abuse
	Prevention of child abuse
Group	Mother's (Having children between 3-12 yrs)
Place	Urban and Rural area
Duration	30 minutes
Method of teaching	Lecture cum discussion
General objective	On completion of teaching session the mother will gain acquire knowledge regarding types, related factors, evidence & prevention of child abuse.
Specific objective	On completion of the teaching session the mother will be able to • Describe briefly about the child abuse such as physical, emotional and sexual abuse. • Lest the related factors the child abuse such as physical, emotional and sexual abuse • Explain preventive measures of child abuse.

HEALTH EDUCATION

Child abuse define as any act or series acts or commission or omission by a present or other caregiver that results in harm, potential for harm, or threat of harm a child.

Child abuse is the physical, emotional or sexual mistreatment of children.

Physical Abuse

Physical abuse is physical aggression directed at a child by an adult. It shows bruises or injuries that cannot be adequately explained or that age incompatible with the history that the parent gives. Suspicious physical indicators are brusies and marks that from symmetrical patterns such as injuries to both sides of the face and regular patterns on the back, buttocks and things. It can involve punching, pushing, slapping and burning.

Sexual Abuse

Sexual abuse define as “the use, persuasion, or coercion of any child to engage in sexually explicit conduct (or any simulation of such conduct) for producing any visual depiction of such conduct, or rape, molestation, prostitution or incest with children.

Emotional abuse

Emotional abuse define as the omission of basic nurturing, acceptance and caring essential health personal development. It can involve belittling or shaming a child, inappropriate or extreme punishment and the withholding of affection.

FACTORS OF CHILD ABUSE

Child abuse is thought to be due to interaction of 3 primary factors, socio cultural beliefs, the child's and parents factors.

Socio culture Factors

1. Values and norm's of discipline and physical punishment.
2. Family structure – number of members in family joint or nuclear family system, socioeconomic status etc,
3. Family and situational stresses – poverty, unemployment, alcohol abuse, isolation, poor housing etc.,
4. Parent – child relationship, punitive child rearing style, excess or unwanted children, role reversal.

Child producing Stresses

1. Low self-esteem
2. Depression
3. Unhappy childhood experience – Neglected or abused as a child, emotionally deprived.
4. Parental substance abuse.
5. Character disorder or psychiatric illness.
6. Disappointment over the sex of the infant.

7. Ignorance of child rearing, unrealistic expectations.
8. Violence among adult family members.

EVIDENCE OF CHILD ABUSE

Physical abuse

- Failure to thrive
- Poor personal hygiene
- Unclean / inappropriate dress
- Dull and inactive
- Absenteeism from school
- Dry and alcohol addition
- Laceration and abrasion

Sexual abuse

- Superficial I relationship
- Recurrent urinary infection.
- Pregnancy in young adolescent.
- Poor relationship with peer.
- Declining school performance.
- Suicide attempt

Emotional Abuse

- Self Stimulating behavior
- Unusual fearfulness
- Antisocial behavior
- Suicide attempt

PREVENT IN STRATEGIES FOR CHILD ABUSE

- Advise the mother about proper caring of children.
- Education the parents on developments stages and needs of children.
- Teach them to educate the sex education to their children.
- Advise the mother to teach the normal touch and sex touch to their children.
- Assessment for marital discard
- Counseling for at risk parents
- Assistance with controlling angry and teach stress reduction techniques.
- To develop the common policy for child protection.
- Develop the needed family resources such as transition housing and shelters.
- To create the awareness regarding child abuse through mass media such as Television, Radio, Newspaper etc.,

குழந்தை வதை

குழந்தை வதை என்பது, குழந்தைகளுக்கு பெற்றோர்கள், பாதுகாவலர் மற்றும் உறவினர்களால் ஏற்படும் சித்தரவதை ஆகும். குழந்தை வதை மூன்று வகைகளில் நடைபெறுகிறது . அவை

1. உடலியல் வதை
2. பாலியல் வதை மற்றும்
3. மன வதை

உடலியல் வதை

உடலியல் வதை என்பது குழந்தைகளுக்கு மற்றவர்களால் நேர்முகமாக ஏற்படும் உடல் சார்ந்த தொந்தரவு. உடலில் காரணம் இல்லாமல் ஏற்படும் காயம், தழும்புகள் மற்றும் எலும்பு முறிவு இவைகள் மூலம் உடலியல் வதையை கண்டறியலாம். இது குழந்தைளுக்கு தேவையற்ற கிள்ளுதல், தள்ளுதல், அடித்தல் மற்றும் சூடு இடுதல் இவைகள் மூலம் ஏற்படுகிறது.

பாலியல் வதை

பாலியல் வதை என்பது குழந்தைகளிடம் தகாதமுறை உடலுறவு கொள்ளுதல் ஆகும். பாலியல் வதை ஏற்படும் முக்கிய காரணம் பாதுகாப்பற்ற குழந்தைகள் மற்றும் போதைக்கு அடிமையான பெற்றோருடைய குழந்தைகள். கர்ப்பழித்தல், பாலியல் வதைக்கு குழந்தையை தூண்டுதல், இடைஞ்சல் கொடுத்தல் மற்றும் முறைக்கெட்ட புணர்ச்சி இவை அனைத்தும் பாலியல் வதையின் வகைகள் ஆகும்.

மனவதை

மனவதை என்பது மற்றவர்களால் குழந்தைக்கு ஏற்படும் மனசேர்வு ஆகும். குழந்தைகளை மற்றவர்கள் முன்னால் இழிவுபடுத்துதல் மற்றும் வெட்கமுறச் செய்தல் மனவதைக்கு காரணமாகும். குழந்தைகள் அன்றாட தேவைகளை பூர்த்தி செய்து கொள்ளாத நிலையில் குழந்தைகள் மனசேர்வுக்கு உள்ளாகிறார்கள்.

குழந்தைவதையின் காரணிகள்

சமுதாய கலாச்சார காரணி

- நல்லொழுக்கம் மற்றும் கடவுள் பக்தி கொண்ட குடும்பம்.
- தனி மற்றும் கூட்டுக்குடும்பம்

- ஏழ்மை, வேலையின்மை, போதைக்கு அடிமையாதல், தனிமைப்படுத்தப்பட்ட குடும்பம் மற்றும் வசிப்பிடம் இல்லாமை.
- கடமை தவறிய பெற்றோர், குழந்தை வளர்ப்பு முறை அறியாத பெற்றோர் மற்றும் கடின உள்ளம் உடைய பெற்றோர்.

குழந்தைகளால் ஏற்படும் காரணி

- மனவளர்ச்சி குன்றிய குழந்தை மற்றும் உடல்ஊனமுற்ற குழந்தை
- அதிக குழந்தை எண்ணிக்கை கொண்ட குடும்பம், பெண் குழந்தை, குறைபிரசவத்தில் பிறந்த குழந்தை மற்றும் அனாதை குழந்தை கொண்ட குடும்பம்.
- குணநல மாற்றம் கொண்ட குழந்தை.
- மற்றவர் மனதை புரிந்து கொள்ளாத குழந்தை.

பெற்றோர்களால் ஏற்படும் காரணி

- தன்னம்பிக்கை அற்ற பெற்றோர்கள்.
- மனகவலை
- மகிழ்ச்சி அற்ற குழந்தை பருவம் கொண்ட பெற்றோர்.
- போதைக்கு அடிமையான பெற்றோர்
- மனநிலை சரியில்லாதவர்
- எதிர்பார்த்த குழந்தை கிடைக்காத பெற்றோர்.
- குழந்தை பேணுதனில் அக்கறை இல்லாதவர்
- அதிகம் கோப குணம் உடைய பெற்றோர்கள்.

குழந்தை வதையின் அறிகுறி

உடலியல் வதை

- குடலின் எடை குறைவு
- சுத்தமற்ற உடல்துாய்மை
- அசுத்தமான உடை
- சோம்பல்
- பள்ளியில் ஆர்வகுறைவு
- போதைக்கு அடிமையாகுதல்
- காரணம் அற்ற உடல்காயம்.

பாலியல் வதை

- மேலோட்டமான நட்பு
- அடிக்கடி சிறுநீர்பாதையில் நோய்தொற்று
- குறைந்த வயதில் கறுவுறுதல்
- சக தோழர்களிடம் அக்கறை மாறும் நாட்டம் இன்மை.
- பள்ளியில் கவனகுறைவு
- தற்கொலை முயற்சி

மனவதை

- தனக்குத் தானே ஏற்படுத்திக் கொள்ளும் வேலை (நகம் கடித்து மற்றும் கை சூப்புதல்)
- தேவையற்ற பயம்
- சட்டத்திற்கு புறம்பான செயல்
- ஆக்ரோஷ செயல்

குழந்தை வதையை தடுக்கும்முறை

- முறையான குழந்தை வளர்ப்பு முறையைப் பற்றி தாய்க்கு கற்பித்தல்
- குழந்தையின் வயதிற்கு ஏற்ற வளர்ச்சி மற்றும் தேவைகளைப் பற்றி எடுத்துரைத்தல்
- பாலியில் கல்வியை குழந்தைகளுக்கு தாய் மூலம் எடுத்துரைத்தல்
- பெற்றோரின் தொடு உணர்விற்கும், பாலியல் உணர்விற்கும் வித்தியாசத்தை குழந்தைக்கு கற்பித்தல்.
- கணவன்-மனைவி உறவை நல்லமுறையில் கடைபித்தல்.
- குழந்தை வதை காரணி கொண்ட பெற்றோர்களுக்கு அறிவுரை கூறுதல்.
- கோபம் மற்றும் மன அழுத்தத்தை குறைக்க தகுந்த பயிற்சி அளித்தல்.
- பொதுவான குழந்தை வளர்ப்பு விதிமுறையை ஏற்படுத்துதல்.
- குடும்பத்தின் முக்கியத்தேவையை பூர்த்தி செய்தல் (வசிப்பிடம், அன்றாட தேவை மற்றும் நிரந்தரப் பணி)
- குழந்தை வதைப் பற்றிய விழிப்புணர்ச்சியை தொலைதொடர்பு முறையில் கற்பித்தல் (தொலைக்காட்சி, வானொலி, செய்தித்தாள் மற்றும் பலமுறைகள்)

PHYSICAL ABUSE

Beating

Pushing

Burning

Slapping

Kicking

Pulling

EMOTIONAL ABUSE

Omission of Needed Care

Omission of Basic Need

Over Production

Shaming of child